Dignity Health.
A member of CommonSpirit

2025

St. Bernardine Medical Center

Community Health Needs Assessment

Adopted June 2025

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Executive Summary

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. Bernardine Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and Community Benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities, is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Consultant

This CHNA was conducted in partnership with Community Hospital of San Bernardino. St. Bernardine Medical Center and Community Hospital of San Bernardino engaged Forward Community Health Consulting, LLC, to conduct the CHNA. The CHNA process was led by Cindy Levey, Principal of Forward Community Health Consulting. Forward Community Health Consulting team members included Data Analyst Denise Flanagan, Data Specialist Sevanne Sarkis, and focus group facilitator Alma Castro, from Civic Confidence.

Community Definition

Dignity Health's St. Bernardine Medical Center is located at 2101 N Waterman Ave, San Bernardino, CA 92404. For the purposes of this report, the hospital defines its primary service area to include 31 ZIP Codes in 17 cities within San Bernardino County.

Primary Service Area

Place	ZIP Code
Bloomington	92316
Blue Jay	92317
Calimesa	92320
Colton	92324
Crestline	92325
Fontana	92335, 92336, 92337
Hesperia	92345
Highland	92346
Loma Linda	92350 (Loma Linda University)*, 92354
Mentone	92359
Ontario	91761

Place	ZIP Code
Redlands	92373, 92374
Rialto	92376, 92377
Running Springs	92382
San Bernardino	92401, 92404, 92405, 92407 92408, 92410, 92411, 92415 (P.O. Box Only)*
Victorville	92392, 92394, 92395
Yucaipa	92399

The population of the hospital service area is 1,233,495. Children and youth, ages 0-17, make up 27.1% of the population, 61.9% are adults, ages 18-64, and 11% of the population are seniors, ages 65 and older. Most of the population in the service area identifies as Hispanic/Latino (62%). 21.3% of the population identifies as White/Caucasian, 8.3% as Black/African American. 5% as Asian and 2.5% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.2% as Native Hawaiian/Pacific Islander. Those who are of some other race represent 0.4% of the service area population. In the service area, 52.2% of the population, ages 5 and older, speak only English in the home. Among the area population, 42.73% speak Spanish, 3.4% speak an Asian/Pacific Islander language, and 1.1% speak an Indo-European language in the home.

Among the residents in the service area, 14.6% are at or below 100% of the federal poverty level (FPL) and 35.6% are at 200% of FPL or below. In San Bernardino County 12.2% of the population experienced food insecurity in 2022. Among children in San Bernardino County, 17.9% lived in households that experienced food insecurity. According to the California Department of Social Services, 81.8% of eligible households in San Bernardino County participated in the CalFresh food stamp program. Educational attainment is a key driver of health. In the hospital service area, 22% of adults, ages 25 and older, lack a high school diploma, which is higher than county (18.6%) and state (15.6%) rates.

Assessment Process and Methods

Secondary Data

Data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic diseases, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of San Bernardino County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

See **Attachment 1** for findings compared to Healthy People 2030.

Primary Data

Data was collected through interviews with community stakeholders and focus groups to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eleven (11) interviews were completed during November and December 2024. Four focus groups were conducted in January and February 2025. For interviews, community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviews included input from people representing broad interests in the community. Additionally, interviewed stakeholders included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Focus groups were made up of sixty-two (62) community members who participated in various hospital Community Benefit programs and partnerships, including the Diaper Program, the residents of the Arrowhead Grove affordable housing project, and young adult hospital volunteers from the community. Two of the focus groups were conducted in Spanish.

See **Attachment 2** for a list of stakeholder interviews.

Process and Criteria to Identify and Prioritize Significant Health Needs

Identifying and Prioritizing Significant Health Needs

Significant health needs were identified from an analysis of secondary data sources. Interviews with community stakeholders and focus group participant input were used to prioritize the significant health needs using the following criteria:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

List of Prioritized Significant Health Needs

Below is a list of health needs identified as a priority for the hospital to address:

Health Need	Summary Community Data
Access to Health Care	90.6% of St. Bernardine's service area's population has health insurance coverage which is lower than the Healthy People 2030 objective of 92.4% and lower than the county and State rates of insured. Certain communities in the service area are far below these insurance coverage rates for adults ages 19-64, especially parts of Fontana and San Bernardino with under 80% insured adults. When examined by race and ethnicity, Hispanic and other race adults are the least insured. Over 50% of adults report that it is very difficult to find an affordable health plan through an insurance company or HMO and over 30% found it very difficult to find an affordable health plan through Covered California. Over 25% of the population at or below 100% of the Federal Poverty Level (FPL) visited an emergency room from

Health Need	Summary Community Data
	2020-2022. Less patients are seeking care at local and regional FQHCs than previously. A third of adults do not have dental insurance.
Housing & Homelessness	40.7% of owner and renter occupied households in the service area spend 30% or more of their income on housing, which is designated as "cost burdened" by the U.S. Department of Housing and Urban Development. Some areas of San Bernardino have over 50% of households designated as cost burdened. 11% of households in the service area live in overcrowded or severely overcrowded conditions. Over 70% of the 4,255 homeless individuals in San Bernardino County (last counted in January of 2024) are unsheltered and over 50% are chronically homeless adults.
Mental Health	Adults in the hospital service area experience frequent mental distress more than in the county and in California. (18.1%, compared to 16.2% and 14.4% respectively.) In San Bernardino County, more adults have been told they have a depressive disorder, compared to California. And more adults in San Bernardino sought help and did not receive treatment, compared to California. More teens and youth were counted among hospital discharges in San Bernardino County, compared to California. San Bernardino County has less mental health providers per person, as compared to California.
Substance Use & Misuse	Adults in San Bernardino County have higher alcohol use, compared to California, higher hospitalization rates for opioid overdose (excluding heroin), and higher opioid prescriptions per 1,00 persons. Cigarette smoking is highest among Black or African American, non-Latino and White, non-Latino populations.
Chronic Diseases	St. Bernardine's service area has higher rates of stroke death when adjusted for age, compared to the county and California. And, San Bernardino County has higher rates of cancer deaths for all cancers, than the California rate. The service area has higher rates of mortality due to diabetes, liver disease and kidney disease, compared to both the county and California. Adults report being in poor health in the service area compared to the county and California. More people in the service area are hospitalized for diabetes, heart failure and hypertension in San Bernardino County, compared to California. The prevalence of heart disease in adults is higher in St. Bernardine's service area than in the county and California. Asthma is more prevalent in adults in St. Bernardine's service area than in the county and in California. More seniors in St. Bernardine's service area are living with disability, compared to the county and California.
Food Insecurity	Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In San Bernardino County, 12.2% of the population experienced food insecurity in 2022. Among children in San Bernardino County, 17.9% lived in households that experienced food insecurity. Feeding America estimates that 74% of those experiencing food insecurity in San Bernardino County, and 67% of county children experiencing food insecurity, are income-eligible for nutritional programs such as SNAP/CalFresh.

Health Need	Summary Community Data
Overweight & Obesity	More teens in San Bernardino County are overweight, than in California. In San Bernardino County, 77.4% of Latino adults, 72.5% of non-Latino Black/African American, 67.7% of non-Latino multiracial, 64.5% of non-Latino White, and 41.9% of non-Latino Asian adults are overweight or obese. The rates for all groups for whom rates are available are higher than state rates. 27.2% of service area adults had not engaged in any leisure-time physical activity, which is a higher rate of being sedentary/no physical activity outside of work than seen at the county (26%) or state (20.1%) level.
Preventive practices	The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 33.5% of San Bernardino County adults received a flu shot during the 2021 survey year. For mammograms, the Healthy People 2030 objective is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 75.7% of women had obtained mammograms in the prior two years, which did not meet this goal. For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 55% of service area residents, aged 50-75, met the colorectal cancer screening guidelines.

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

See **Attachment 3** for a list of stakeholder interviews.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Bernardine Medical Center Community Board on June 4, 2025.

This report is widely available to the public on the hospital's website at and a paper copy is available upon request, at the St. Bernardine Medical Center Mission Integration Office.

St. Bernardine Medical Center invited written comments on the 2022 CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received. Written comments for the 2025 CHNA report can be submitted to the Mission Integration Office at 2101 N Waterman Ave, San Bernardino, CA 92404.

The contact is Christian Starks – Christian.Starks@CommonSpirit.org.

Service Area

Community Definition

Dignity Health – St. Bernardine Medical Center is located at 2101 N Waterman Ave, San Bernardino, CA 92404. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area to include 31 ZIP Codes in 17 cities within San Bernardino County.

Primary Service Area

Place	ZIP Code
Bloomington	92316
Blue Jay	92317
Calimesa	92320
Colton	92324
Crestline	92325
Fontana	92335, 92336, 92337
Hesperia	92345
Highland	92346
Loma Linda	92350 (Loma Linda University)*, 92354
Mentone	92359
Ontario	91761
Redlands	92373, 92374
Rialto	92376, 92377
Running Springs	92382
San Bernardino	92401, 92404, 92405, 92407 92408, 92410, 92411, 92415 (P.O. Box Only)*
Victorville	92392, 92394, 92395
Yucaipa	92399

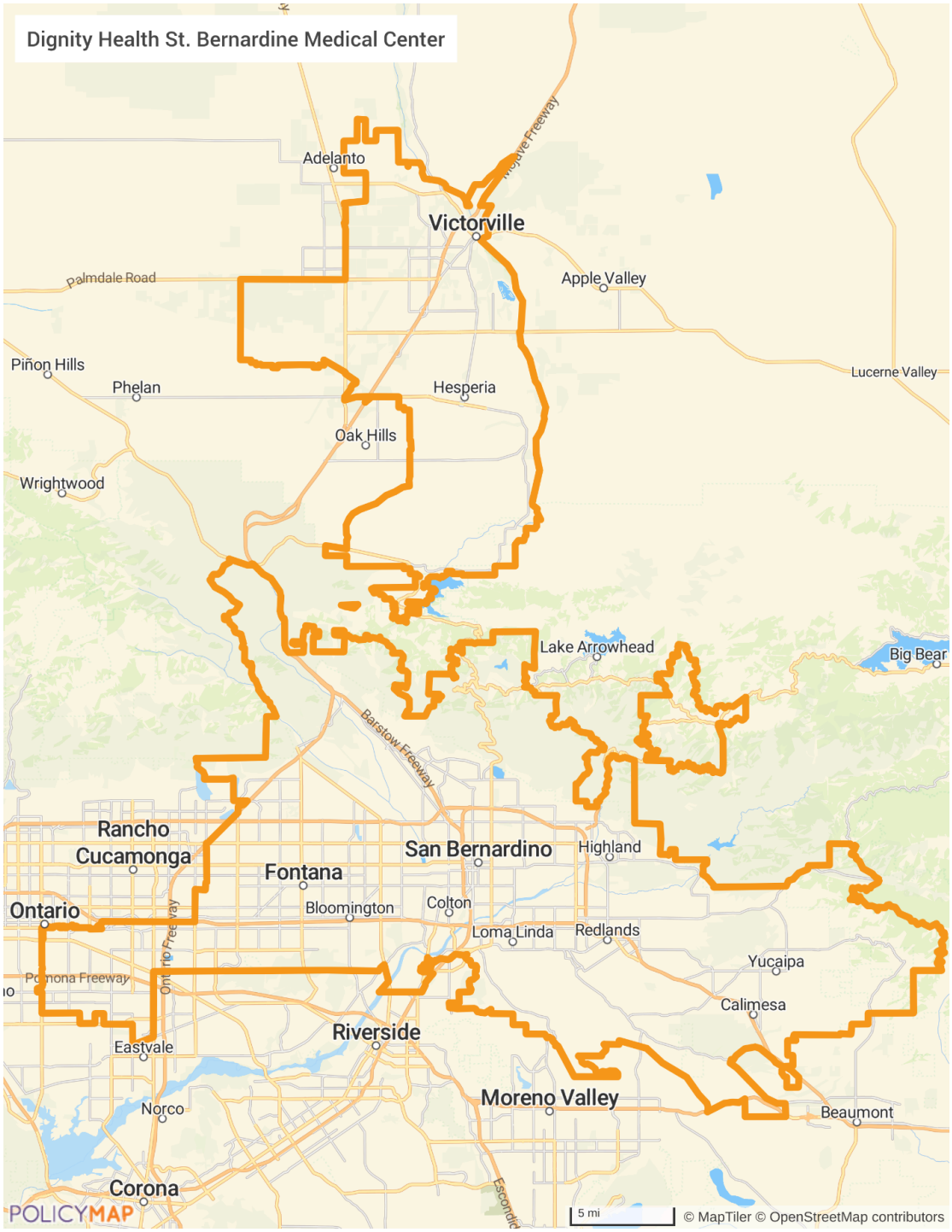
*ZIP Code 92350 is Loma Linda University, with fewer than 500 individuals – primarily or exclusively college undergraduate and graduate students – reporting it as their residence; limited demographic-level data is available. ZIP Code 92415 is a P.O. Box. No demographic-level information is available from the Census Bureau.

A number of regions in San Bernardino County are designated Medically Underserved Areas (MUAs) for primary care, including Redlands, Fontana, Colton, Bloomington, and much of San Bernardino. Additionally, areas have been designated as Health Professional Shortage Areas (HPSAs) for primary care, including East Hesperia and Northwest Victorville, and – for low-income residents - Central Fontana/Central Rialto, Highland/San Bernardino East, and Crestline and surrounding areas. Colton and West Hesperia/Mountain View Acres are HPSAs for Medi-Cal-Eligible residents. For dental healthcare, Mentone/South Redlands/Yucaipa is designated as an HPSA for Medi-Cal-Eligible residents. For mental healthcare, West and East Hesperia, Northwest Victorville, and Crestline and surrounding areas have been designated as HPSAs and – for low-income residents – Central Fontana, and Central and East San Bernardino.

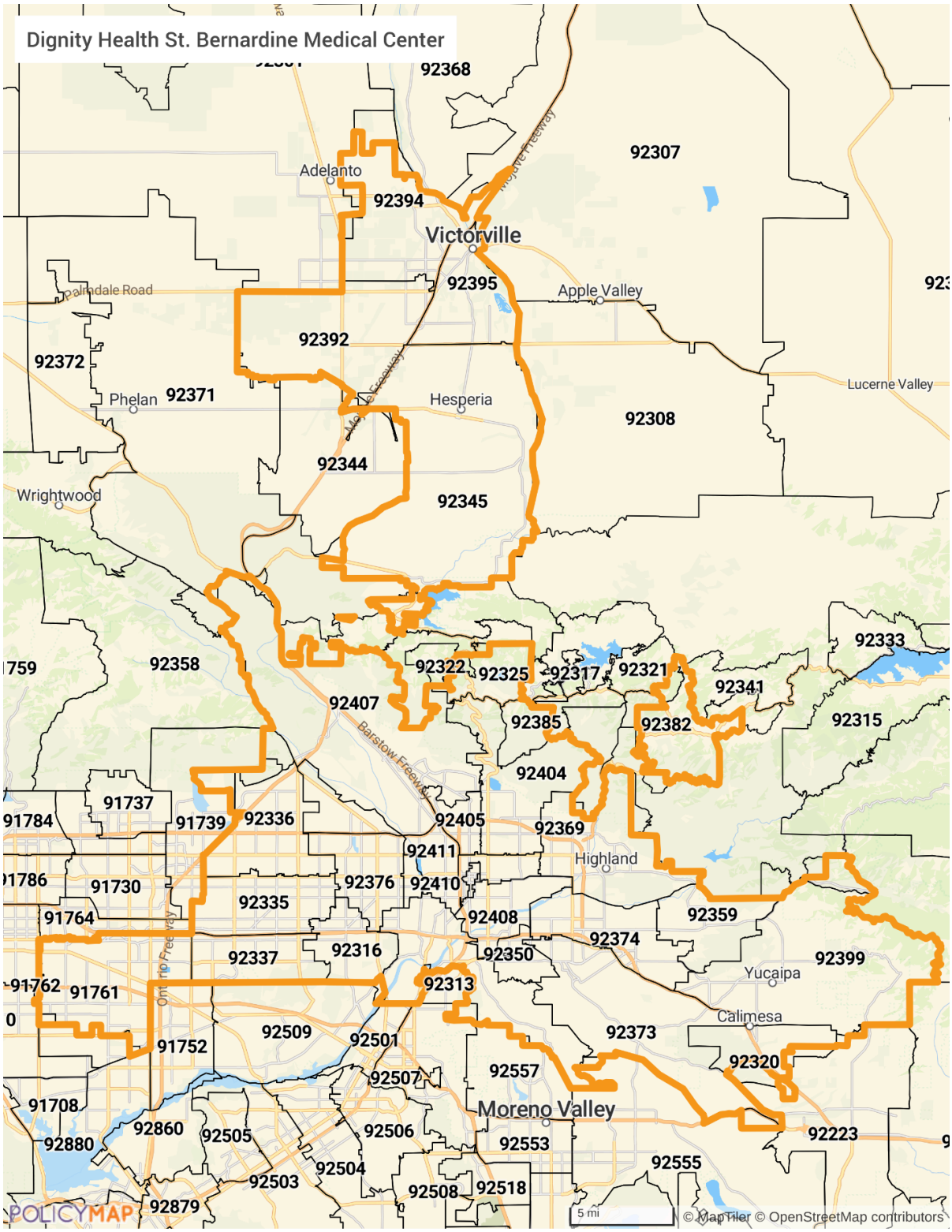
Sources:

https://data.hrsa.gov/tools/shortage-area/mua-find, https://data.hrsa.gov/tools/shortage-area/hpsa-find

Service Area Map, Including Cities



Service Area Map, Including ZIP Codes



Data Collection, Assessment and Prioritization Process

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of San Bernardino County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

Data was collected through interviews with community stakeholders and focus groups to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Eleven (11) interviews were completed during November and December 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing in San Bernardino County who spoke to issues and needs in the communities served by the hospital. Stakeholders represented broad interests in the community and included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of

each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

Four focus groups were conducted in January and February 2025. Focus groups were made up of sixty-two (62) community members who participated in various hospital Community Benefit programs and partnerships, including the Diaper Program, participants in the hospital's Health Education Center offerings, the residents of the Arrowhead Grove affordable housing project, and young adult hospital volunteers from the community. Two of the focus groups were conducted in Spanish. One of the focus groups was conducted via a virtual (Zoom) format; the others were conducted in-person. Hospital Community Benefit programs and external partners worked together to recruit for, and advertise, focus group opportunities. The focus groups lasted 45-60 minutes. All participants received a gift card to a local market.

The needs assessment interviews and focus group discussions were structured to obtain greater depth of information and build on the secondary data review. During the interviews and focus groups, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers related to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to Care
- Birth Indicators
- Chronic Disease (e.g. cancer, stroke and heart, kidney, liver and respiratory diseases)
- Environmental Health
- Food Insecurity
- Housing & Homelessness
- Mental Health
- Overweight & Obesity
- Preventative Practices (e.g. Vaccines and Screenings)
- Sexually Transmitted Infections (e.g. HIV)
- Substance Use & Misuse

The stakeholders interviewed and focus group participants were sent a link to an electronic survey (SurveyMonkey) in advance of the interview and focus group, to rank each identified need. The percentage of responses were noted as those that identified the need as having severe impact on the community, had worsened over time, and had insufficient or absent resources available in the community. Not all survey respondents answered every question. Therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Access to Care, Housing and Homelessness and Substance Use & Misuse had the highest scores for severe impact on the community. Housing & Homelessness, Food Insecurity, Environmental Health and Substance Use & Misuse were the needs with the highest scores for worsened over time. Housing & Homelessness, Mental Health, Food Insecurity and Substance Use & Misuse had the highest scores for insufficient or absent resources available to address the need.

Significant Health Needs	Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to Care	**75%**	19%	63%
Birth Indicators	44%	6%	27%
Chronic Disease (e.g. cancer, stroke and heart, kidney, liver and respiratory diseases)	63%	38%	44%
Environmental Health	56%	**56%**	44%
Food Insecurity	69%	**69%**	**69%**
Housing & Homelessness	**81%**	**81%**	**81%**
Mental Health	63%	50%	**75%**
Overweight &Obesity	67%	50%	47%
Preventive Practices (e.g. vaccines & screenings)	63%	31%	44%
Sexually Transmitted Infections (e.g. HIV)	40%	25%	38%
Substance Use and Misuse	**81%**	**56%**	**69%**

Prioritization

The interviewees and focus group participants were also asked the following prioritization question in the electronic survey: “In your opinion, to what extent should each of the health needs be a priority for the hospital, in terms of strategies, partnerships and initiatives?”

The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental Health, Access to Care, and Housing and Homelessness, were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Housing & Homelessness	3.81
Mental Health	3.81
Substance Use & Misuse	3.63
Access to Care	3.56
Chronic Disease	3.44
Food Insecurity	3.38
Overweight & Obesity	3.38
Preventative Practices	3.31
Environmental Health	3.00
Sexually Transmitted Infections	2.75
Birth Indicators	2.38

Community Demographics

Population

The population of the service area is 1,233,495. From 2017 to 2022, the population increased by 3.2% compared to 2.8% in San Bernardino County and 1% in California. The hospital service area population is 50.0% female and 50.0% male.

Total Population and Change in Population

	Service Area	San Bernardino County	California
Total population	1,233,495	2,180,563	39,356,104
Change in population, 2017-2022	3.2%	2.8%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. http://data.census.gov

Population by Gender

	Service Area	San Bernardino County	California
Male	50.0%	50.2%	50.1%
Female	50.0%	49.8%	49.9%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05.http://data.census.gov

In San Bernardino County, 91.4% of the adult population identify as heterosexual. 2.2% of the teen population identify as transgender or gender non-conforming, while 24.2% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Sexual Orientation and Gender Identity, Adults

	San Bernardino County	California
Heterosexual	91.4%	90.2%
Gay, lesbian or homosexual	2.5%	3.4%
Bisexual	3.7%	4.4%
Not sexual/celibate/none/other	2.3%	1.9%
Cisgender/not transgender	98.8%	99.1%
Transgender/gender non-conforming	1.2%	0.9%

Source: California Health Interview Survey, 2018-2022 combined. https://healthpolicy.ucla.edu/our-work/askchis/ **Statistically unstable due to sample size.*

Gender Identity and Gender Expression, Teens

	San Bernardino County	California
Identify as cisgender/not transgender	*97.8%	97.7%
Identify as transgender/gender non-conforming	*2.2%	2.3%
Appearance is cisgender/not transgender	75.8%	78.7%
Appearance is transgender/gender non-conforming	24.2%	21.3%

Source: California Health Interview Survey, 2019-2022 combined. https://healthpolicy.ucla.edu/our-work/askchis/ **Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 27.1% of the population, 61.8% are adults, ages 18-64, and 11.1% of the population are senior adults, ages 65 and older. The service area has a higher percentage of children and teens over five years of age, and young adults ages 18 to 24, and a lower percentage of older adults, ages 45 and older, than the county.

Population by Age

	Service Area		San Bernardino County		California	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Age 0-4	81,494	6.6%	144,929	6.6%	2,258,308	5.7%
Age 5-17	252,504	20.5%	419,808	19.3%	6,516,262	16.6%
Age 18-24	135,176	11.0%	227,084	10.4%	3,738,836	9.5%
Age 25-44	353,061	28.6%	621,371	28.5%	11,235,259	28.5%
Age 45-64	274,698	22.3%	507,444	23.3%	9,742,139	24.8%
Age 65-74	84,472	6.8%	160,957	7.4%	3,427,460	8.7%
Age 75-84	37,030	3.0%	71,010	3.3%	1,686,649	4.3%
Age 85+	15,060	1.2%	27,960	1.3%	751,191	1.9%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

By ZIP Code, San Bernardino 92407 has the highest percentage of children and youth (32.2%), followed by Victorville 92392 (30.1%). Aside from Loma Linda University which has no children or youth, Blue Jay 92317 (8.1%), and Loma Linda 92354 (18.9%) have the lowest percentages of children and youth.

Blue Jay 92317 has the highest percentage of senior adults in the area (36.9%), followed by Calimesa (24.6%) and Loma Linda 92354 (20.6%). Aside from Loma Linda University which has no senior adult population, the lowest senior adult populations are found in Fontana 92337 and San Bernardino 92405 with 7.7% and San Bernardino 92407 with 7.8%.

Population by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Bloomington	92316	30,656	26.0%	10.3%
Blue Jay	92317	567	8.1%	36.9%
Calimesa	92320	10,366	21.7%	24.6%
Colton	92324	57,593	24.3%	11.9%
Crestline	92325	8,449	19.3%	17.8%
Fontana	92335	96,704	28.8%	8.7%
Fontana	92336	100,571	27.7%	9.3%
Fontana	92337	37,292	25.5%	7.7%
Hesperia	92345	87,476	29.3%	10.7%
Highland	92346	60,025	26.1%	12.7%
Loma Linda University	92350	468	0.0%	0.0%
Loma Linda	92354	23,054	18.9%	20.6%
Mentone	92359	9,758	24.7%	13.4%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Ontario	91761	61,837	24.1%	11.7%
Redlands	92373	33,946	22.0%	17.9%
Redlands	92374	44,976	23.3%	12.3%
Rialto	92376	85,727	27.6%	9.6%
Rialto	92377	20,935	25.5%	11.2%
Running Springs	92382	4,884	26.1%	19.6%
San Bernardino	92401	2,060	26.5%	13.6%
San Bernardino	92404	64,090	28.7%	9.8%
San Bernardino	92405	31,550	32.2%	7.7%
San Bernardino	92407	67,207	28.1%	7.8%
San Bernardino	92408	12,478	24.2%	11.0%
San Bernardino	92410	48,398	29.2%	9.8%
San Bernardino	92411	26,915	29.8%	9.8%
Victorville	92392	61,859	30.1%	10.9%
Victorville	92394	39,939	29.7%	8.5%
Victorville	92395	48,479	29.3%	12.9%
Yucaipa	92399	55,236	25.3%	16.2%
Service Area		**1,233,495**	**27.1%**	**11.1%**
San Bernardino County		**2,180,563**	**25.9%**	**11.9%**
California		**39,356,104**	**22.3%**	**14.9%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/

Race and Ethnicity

The majority of the population (62%) in the service area identifies as Hispanic or Latino. 21.3% of the population identifies as White/Caucasian, 8.3% as Black or African American. 5% as Asian. 2.5% of the population identifies as multiracial (two-or-more races).

Race and Ethnicity

	Service Area	San Bernardino County	California
Hispanic or Latino	62.0%	55.0%	39.7%
White, non-Hispanic	21.3%	25.9%	35.2%
Black or African American, non-Hispanic	8.3%	7.5%	5.3%
Asian, non-Hispanic	5.0%	7.5%	14.9%
Multiracial, non-Hispanic	2.5%	3.1%	3.8%
American Indian or Alaska Native, non-Hispanic	0.2%	0.3%	0.3%
Native Hawaiian or Pacific Islander, non-Hispanic	0.2%	0.3%	0.3%
Some other race, non-Hispanic	0.4%	0.4%	0.4%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

When race and ethnicity is examined by ZIP Code, 84.9% of the population of Fontana 92335 identify as Hispanic or Latino. Crestline has the highest percentage of White residents (70%) in the service area. San Bernardino 92401 has the highest percentage of Black or African American residents in the service area (30%). Loma Linda (25.7%) has the highest percentage of Asian

residents in the service area.

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Black	Asian
Bloomington	92316	82.9%	12.0%	3.0%	0.7%
Blue Jay	92317	25.4%	74.6%	0.0%	0.0%
Calimesa	92320	28.6%	59.9%	2.2%	3.9%
Colton	92324	73.0%	13.0%	8.5%	2.4%
Crestline	92325	21.7%	70.0%	3.8%	0.3%
Fontana	92335	84.9%	8.4%	3.6%	1.7%
Fontana	92336	57.0%	17.1%	10.0%	11.1%
Fontana	92337	72.9%	8.7%	9.5%	6.0%
Hesperia	92345	61.7%	30.0%	3.7%	1.4%
Highland	92346	55.3%	23.9%	8.7%	8.3%
Loma Linda University	92350	21.6%	35.0%	12.4%	24.1%
Loma Linda	92354	27.2%	33.0%	8.5%	25.7%
Mentone	92359	42.9%	41.8%	4.2%	5.5%
Ontario	91761	69.7%	14.6%	4.4%	8.0%
Redlands	92373	26.0%	54.0%	4.4%	10.7%
Redlands	92374	45.5%	35.7%	5.2%	7.7%
Rialto	92376	79.2%	7.4%	10.0%	1.5%
Rialto	92377	60.5%	14.7%	17.4%	3.4%
Running Springs	92382	20.3%	68.6%	0.1%	3.5%
San Bernardino	92401	51.4%	8.6%	30.0%	4.9%
San Bernardino	92404	65.4%	18.7%	10.7%	2.4%
San Bernardino	92405	66.2%	16.5%	11.7%	3.1%
San Bernardino	92407	65.7%	16.8%	10.0%	3.9%
San Bernardino	92408	59.6%	14.1%	5.0%	17.6%
San Bernardino	92410	76.9%	8.4%	9.2%	3.0%
San Bernardino	92411	82.5%	3.7%	9.2%	1.9%
Victorville	92392	53.8%	22.3%	15.6%	4.8%
Victorville	92394	57.6%	14.3%	20.4%	3.5%
Victorville	92395	51.0%	30.0%	11.5%	3.8%
Yucaipa	92399	33.4%	57.3%	1.2%	3.6%
Service Area		**62.0%**	**21.3%**	**8.3%**	**5.0%**
San Bernardino County		**55.0%**	**25.9%**	**7.5%**	**7.5%**
California		**39.7%**	**35.2%**	**5.3%**	**14.9%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

Language

In the service area, 52.2% of the population - ages 5 and older - speak only English in the home. 42.3% speak Spanish, 3.4% speak an Asian or Pacific Islander language, and 0.9% speak another Indo-European language.

Language Spoken at Home, Ages 5 Years and Older

	Service Area	San Bernardino County	California
Population, 5 years and older	**1,152,001**	**2,035,634**	**37,097,796**
English only	52.2%	56.7%	56.1%
Speaks Spanish	42.3%	35.5%	28.2%

	Service Area	San Bernardino County	California
Speaks Asian or Pacific Islander language	3.4%	5.4%	9.9%
Speaks non-Spanish Indo-European language	1.1%	1.4%	4.6%
Speaks other language	0.9%	1.0%	1.1%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP02. http://data.census.gov/

For the population ages 5 an older, the most Spanish speakers, are in Fontana 92335 (70%) and San Bernardino 92411 (65.1%). Loma Linda, Loma Linda University and San Bernardino 92408 have the highest percentages of Asian or Pacific-Islander language speakers (over 15%). Loma Linda University (6.4%), Loma Linda (3.9%), Redlands 92373 (3.5%) and Crestline (3.4%) have the highest percentages of Indo-European languages spoken at home. English is spoken in the home by over 80% of those in Blue Jay, Running Springs, Crestline, and Calimesa.

Language Spoken at Home, Ages 5 Years and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
Bloomington	92316	36.1%	62.4%	0.6%	0.4%
Blue Jay	92317	88.5%	9.3%	0.0%	2.2%
Calimesa	92320	86.0%	10.6%	2.4%	1.0%
Colton	92324	48.6%	47.3%	1.9%	1.1%
Crestline	92325	88.1%	8.4%	0.1%	3.4%
Fontana	92335	27.5%	70.0%	1.1%	0.6%
Fontana	92336	53.4%	35.0%	8.0%	1.6%
Fontana	92337	37.8%	56.4%	4.2%	0.9%
Hesperia	92345	65.3%	33.4%	0.7%	0.4%
Highland	92346	58.1%	34.6%	5.3%	1.6%
Loma Linda University	92350	54.7%	19.2%	16.7%	6.4%
Loma Linda	92354	55.7%	18.5%	17.8%	3.9%
Mentone	92359	75.5%	18.9%	2.5%	2.9%
Ontario	91761	49.2%	44.1%	4.9%	1.4%
Redlands	92373	74.8%	13.5%	4.9%	3.5%
Redlands	92374	66.4%	25.6%	4.8%	2.6%
Rialto	92376	36.1%	61.4%	1.1%	0.4%
Rialto	92377	61.4%	36.1%	1.9%	0.4%
Running Springs	92382	88.3%	6.4%	3.7%	1.6%
San Bernardino	92401	52.6%	43.1%	3.8%	0.5%
San Bernardino	92404	48.9%	47.0%	2.2%	0.6%
San Bernardino	92405	50.4%	46.7%	1.9%	0.5%
San Bernardino	92407	50.7%	44.6%	2.8%	0.4%
San Bernardino	92408	42.6%	38.8%	15.1%	2.4%
San Bernardino	92410	33.9%	63.1%	2.4%	0.5%
San Bernardino	92411	32.1%	65.1%	2.2%	0.3%
Victorville	92392	61.0%	34.3%	3.7%	0.7%
Victorville	92394	61.3%	35.0%	2.0%	1.0%
Victorville	92395	60.4%	33.1%	3.1%	1.4%
Yucaipa	92399	78.4%	17.6%	1.6%	2.4%

Service Area	**52.2%**	**42.3%**	**3.4%**	**1.1%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English "less than very well." In the service area, 15.8% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Service Area	15.8%
San Bernardino County	14.8%
California	17.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. https://data.census.gov/

The California Department of Education reports rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In San Bernardino County school districts, the percentage of students who were classified as English Learners was 15.1%. Among area school districts, English Learners ranged from 5.5% in Beaumont Unified School District to 28% of students in the Ontario/Montclair School District.

English Learner (EL) Students, by School District

	Number	Percent
Adelanto Elementary School District	1,344	16.1%
Beaumont Unified School District	1,001	5.5%
Chaffey Joint Union High School District	1,930	8.5%
Chino Valley Unified School District	2,711	10.2%
Colton Joint Unified School District	3,421	18.1%
Cucamonga Elementary School District	255	11.1%
Etiwanda Elementary School District	1,334	9.8%
Fontana Unified School District	8,302	24.8%
Hesperia Unified School District	4,473	17.6%
Mountain View Elementary School District	522	16.5%
Ontario/Montclair School District	5,029	28.0%
Redlands Unified School District	1,671	8.4%
Rialto Unified School District	4,884	20.8%
Rim of the World Unified School District	258	9.0%
San Bernardino City Unified School District	10,865	22.0%
Snowline Joint Unified School District	1,029	12.9%
Victor Elementary School District	2,005	16.2%
Victor Valley Union High School District	1,713	13.9%
Yucaipa-Calimesa Joint Unified School District	726	7.6%
San Bernardino County	**60,035**	**15.1%**
California	**1,074,833**	**18.4%**

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the service area, 5.1% of the civilian population, 18 years and older, are veterans. This is lower than county (5.8%) and state (5.2%) rates. Rates of former military service ranged from 2% in Fontana 92335 to 10.4% in Calimesa.

Veteran Status

	Service Area	San Bernardino County	California
Veteran status	4.4%	5.1%	4.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Citizenship

In the service area, 22% of the population is foreign-born, which is higher than county (21.1%) but lower than state (26.5%) rates. Of the foreign-born, 50.8% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Service Area	San Bernardino County	California
Foreign born	22.0%	21.1%	26.5%
Of foreign born, not a U.S. citizen	50.8%	47.9%	46.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. San Bernardino County is ranked 32nd among ranked counties in California, according to social and economic factors, placing it in the bottom half of the state's counties.

Source: County Health Rankings, 2023 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays San Bernardino and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area's ZIP Codes, pooled, have an overall HPI score that is better than just 21.1% of California ZIP Codes. The service area has worse environmental (better than 15.5%), neighborhood (better than 15.9%) and education (19%) conditions than most California ZIP Codes, based on high ozone & particulate matter levels and drinking water contaminants, park access & tree canopy, and low preschool & high school enrollment and college education rates, respectively.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Service Area*
Economic	24.8%
Education	19.0%
Social	30.4%
Transportation	25.7%
Neighborhood	15.9%
Housing	35.6%

	Service Area*
Clean Environment	15.5%
Health Care Access	24.8%
HPI Score	**21.1%**

**With the exception of ZIP Codes 92317 and 92350, for which data is not available*

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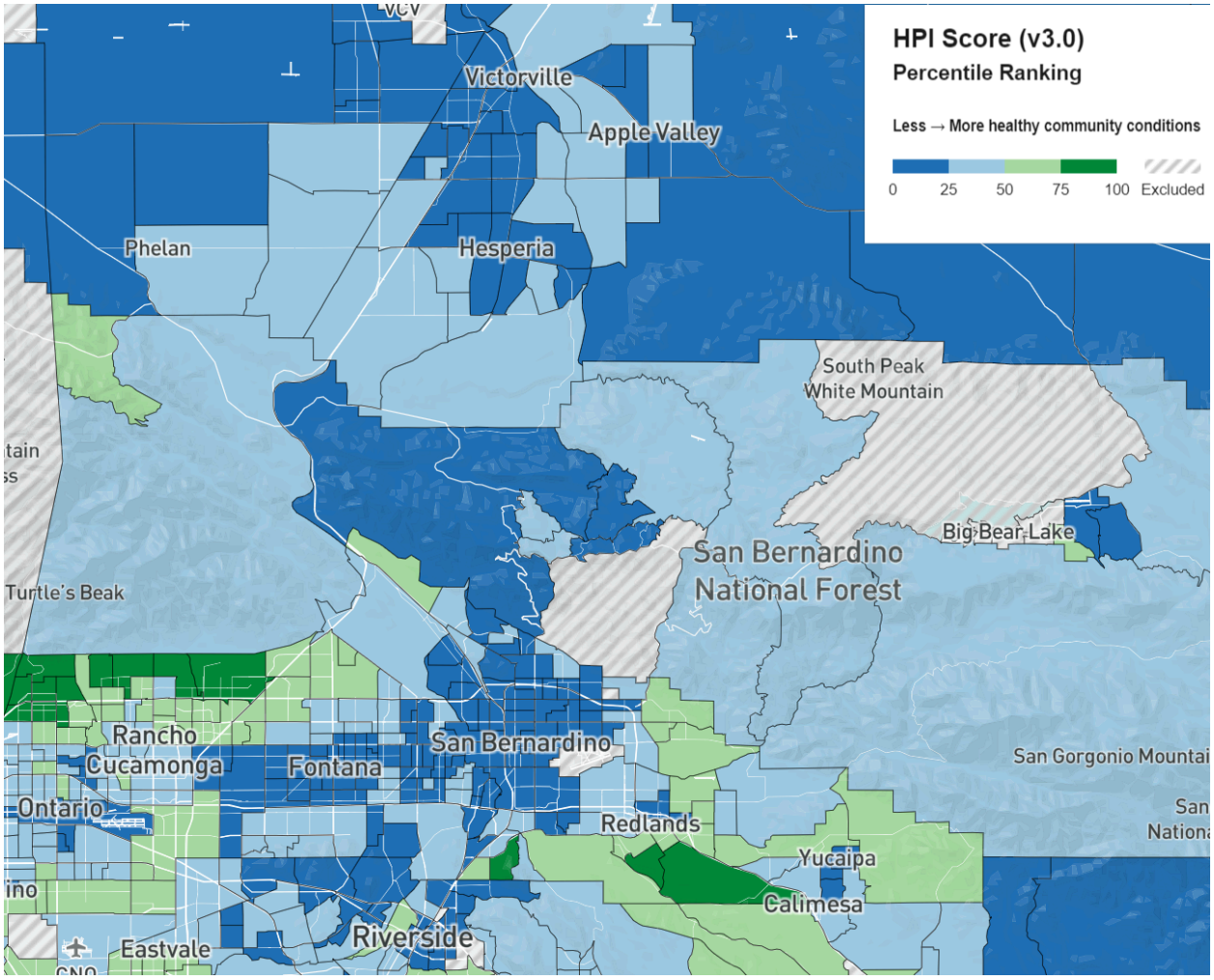


Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed August 4, 2024.
https://healthyplacesindex.org

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 7.4%. This is higher than unemployment rates in San Bernardino County (7.2%) and the state (6.4%). The highest rates of unemployment are found in Loma Linda University (19%), Victorville ZIP Code 92395 (11.3%), Rialto 92376 (10.2%) and Hesperia (10.1%). The lowest unemployment rates in the service area are in Blue Jay (0%), Calimesa (2.3%), Running Springs (4.2%) and Mentone (4.4%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Bloomington	92316	14,407	830	5.8%
Blue Jay	92317	193	-	0.0%
Calimesa	92320	4,585	104	2.3%
Colton	92324	28,459	2,054	7.2%
Crestline	92325	4,176	252	6.0%
Fontana	92335	46,376	3,434	7.4%
Fontana	92336	51,478	2,729	5.3%
Fontana	92337	20,364	1,515	7.4%
Hesperia	92345	36,980	3,726	10.1%
Highland	92346	29,151	1,478	5.1%
Loma Linda University	92350	189	36	19.0%
Loma Linda	92354	10,817	585	5.4%
Mentone	92359	4,774	210	4.4%
Ontario	91761	33,190	1,979	6.0%
Redlands	92373	17,572	1,218	6.9%
Redlands	92374	22,745	1,498	6.6%
Rialto	92376	41,898	4,284	10.2%
Rialto	92377	10,154	685	6.7%
Running Springs	92382	2,328	98	4.2%
San Bernardino	92401	969	79	8.2%
San Bernardino	92404	29,721	2,072	7.0%
San Bernardino	92405	14,400	1,264	8.8%
San Bernardino	92407	33,344	2,813	8.4%
San Bernardino	92408	5,982	558	9.3%
San Bernardino	92410	20,348	1,118	5.5%
San Bernardino	92411	11,737	786	6.7%
Victorville	92392	26,485	2,635	9.9%
Victorville	92394	15,058	1,328	8.8%
Victorville	92395	19,765	2,231	11.3%
Yucaipa	92399	26,190	1,772	6.8%
Service Area		**583,835**	**43,371**	**7.4%**
San Bernardino County		**1,029,549**	**73,890**	**7.2%**
California		**20,011,853**	**1,282,055**	**6.4%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. http://data.census.gov/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of $29,678 for a family of four. Among the residents in the service area, 14.6% are at or below 100% of the federal poverty level (FPL) and 35.6% are at or below 200% of FPL. These rates are higher than county and state rates. Poverty is highest in San Bernardino 92401, where 30.5% of the population lives in poverty and 71.9% qualify as low-income (below 200% FPL). Blue Jay has no residents classified as living in poverty, though 40% qualify as low-income. Redlands 92373 has the lowest rate of low-income residents (17.2%), and the second-lowest rate of poverty (6.9%) along with Running Springs.

Ratio of Income to Poverty Level, (<100% FPL and <200% FPL), by ZIP Code

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Bloomington	92316	14.0%	36.1%
Blue Jay	92317	0.0%	40.0%
Calimesa	92320	7.6%	20.3%
Colton	92324	15.2%	40.1%
Crestline	92325	11.2%	30.1%
Fontana	92335	16.2%	41.1%
Fontana	92336	7.5%	21.0%
Fontana	92337	8.6%	21.1%
Hesperia	92345	19.1%	44.8%
Highland	92346	13.4%	32.9%
Loma Linda University	92350	100.0%	100.0%
Loma Linda	92354	14.5%	32.6%
Mentone	92359	11.7%	30.8%
Ontario	91761	9.6%	25.4%
Redlands	92373	6.9%	17.2%
Redlands	92374	10.2%	27.1%
Rialto	92376	14.2%	39.6%
Rialto	92377	9.5%	25.0%
Running Springs	92382	6.9%	21.6%
San Bernardino	92401	30.5%	71.9%
San Bernardino	92404	19.0%	40.4%
San Bernardino	92405	22.0%	50.1%
San Bernardino	92407	14.0%	34.0%
San Bernardino	92408	20.8%	47.0%
San Bernardino	92410	23.2%	56.9%
San Bernardino	92411	26.1%	54.7%
Victorville	92392	17.0%	37.7%
Victorville	92394	17.8%	37.2%
Victorville	92395	20.6%	43.9%
Yucaipa	92399	8.5%	25.0%
Service Area		**14.6%**	**35.6%**
San Bernardino County		**13.8%**	**33.6%**
California		**12.1%**	**28.0%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/

In the service area San Bernardino 92411 has the highest rate of poverty among children (38.2%), the second-highest rate of poverty among senior adults aged 65 and older (27.8%), and the highest rate of poverty among female heads-of-household (HoH), living with their own children, under the age of 18 (54.2%). San Bernardino 92401 has the highest rate of poverty among senior adults in the service area (49.1%), and Calimesa has the second-highest rate of poverty among female HoH (51.2%).

Poverty Levels of Children, under Age 18; Senior Adults, Ages 65+; and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Bloomington	92316	20.8%	9.6%	36.3%
Blue Jay	92317	0.0%	0.0%	N/A
Calimesa	92320	7.5%	7.8%	51.2%
Colton	92324	24.0%	11.9%	39.2%
Crestline	92325	15.6%	12.0%	38.9%
Fontana	92335	22.9%	12.5%	33.6%
Fontana	92336	9.7%	9.1%	22.9%
Fontana	92337	13.7%	7.2%	38.9%
Hesperia	92345	25.1%	17.5%	38.0%
Highland	92346	17.0%	11.5%	27.9%
Loma Linda University	92350	N/A	N/A	N/A
Loma Linda	92354	20.8%	16.4%	23.8%
Mentone	92359	5.8%	27.4%	18.2%
Ontario	91761	13.8%	10.7%	28.1%
Redlands	92373	4.1%	11.4%	3.7%
Redlands	92374	12.6%	11.4%	10.2%
Rialto	92376	19.6%	14.1%	37.9%
Rialto	92377	16.4%	9.1%	41.7%
Running Springs	92382	9.8%	9.8%	25.0%
San Bernardino	92401	31.7%	49.1%	15.3%
San Bernardino	92404	27.3%	17.3%	37.2%
San Bernardino	92405	32.0%	19.8%	43.1%
San Bernardino	92407	17.3%	14.4%	33.3%
San Bernardino	92408	26.6%	22.9%	40.4%
San Bernardino	92410	32.5%	21.9%	49.4%
San Bernardino	92411	38.2%	27.8%	54.2%
Victorville	92392	23.6%	9.9%	29.2%
Victorville	92394	24.8%	12.2%	49.5%
Victorville	92395	27.6%	12.4%	40.7%
Yucaipa	92399	6.6%	16.0%	12.9%
Service Area		**20.2%**	**13.6%**	**34.2%**
San Bernardino County		**18.6%**	**12.2%**	**32.6%**
California		**15.6%**	**11.0%**	**29.2%**

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, S1701 & *S1702. http://data.census.gov/ N/A = No persons of this category identified in the ZIP Code.*

The service area has higher rates of poverty among Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and Asian residents than do the county or state. At the local level, those who identify as Native Hawaiian or Pacific Islander have the highest rate of poverty (24%), followed by Black or African American residents (22%), Hispanic or Latino residents (15.4%), followed by residents who identify as a race or ethnicity other than those listed (15.2%). This differs from the state, where poverty is highest among Black or African

American residents. At all geographic levels, non-Hispanic White residents have the lowest poverty rates, followed by Asian residents.

Poverty Levels by Race and Ethnicity

	Service Area	San Bernardino County	California
Native Hawaiian or Pacific Islander	24.0%	23.1%	13.9%
Black or African American	22.0%	21.1%	19.0%
Hispanic or Latino	15.4%	14.7%	15.1%
Some other race	15.2%	15.0%	16.1%
American Indian or Alaska Native	13.4%	14.8%	16.1%
Multiracial	13.0%	13.1%	12.2%
Asian	11.5%	10.7%	9.8%
White, non-Hispanic	10.2%	10.5%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 31.9% of students in the Etiwanda Elementary School District to 90.1% in the San Bernardino City Unified School District. Ontario/Montclair, Rialto Unified, Colton Joint Unified, Victor Elementary, Fontana Unified, Victor Valley Union High, Cucamonga Elementary, and Adelanto Elementary School Districts were also above the county average (71.5%).

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Adelanto Elementary School District	78.1%
Beaumont Unified School District	60.2%
Chaffey Joint Union High School District	62.9%
Chino Valley Unified School District	50.4%
Colton Joint Unified School District	85.0%
Cucamonga Elementary School District	78.4%
Etiwanda Elementary School District	31.9%
Fontana Unified School District	81.7%
Hesperia Unified School District	62.5%
Mountain View Elementary School District	57.0%
Ontario/Montclair School District	87.5%
Redlands Unified School District	63.5%
Rialto Unified School District	85.7%
Rim of the World Unified School District	60.1%
San Bernardino City Unified School District	90.1%
Snowline Joint Unified School District	67.2%
Victor Elementary School District	84.5%
Victor Valley Union High School District	80.5%
Yucaipa-Calimesa Joint Unified School District	60.8%
San Bernardino County	**71.5%**

California	**61.7%**

Source: California Department of Education, 2023-2024.http://data1.cde.ca.gov/dataquest/

Transportation

Among service area workers ages 16 and older, 76.8% drove alone, 11.2% carpooled, and 1.1% took public transit to work. 8.3% worked from home. The average service area commute time was 32.1 minutes. It should be noted that this data, which is only available as a five-year estimate, spans from 2018 to 2022, going from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Service Area	San Bernardino County	California
Drove alone to work	76.8%	76.3%	68.4%
Carpooled to work	11.2%	10.8%	9.5%
Commuted by public transportation	1.1%	1.0%	3.6%
Walked or other means	2.5%	2.9%	4.8%
Worked from home	8.3%	9.0%	13.6%
Mean travel time to work (minutes)	32.1	32.4	29.2

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. https://data.census.gov/

Households and Household Income

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. *http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page*

In the service area, there are 355,621 households and 377,945 housing units. Over the last five years, the population grew by 3.2%, while the number of households increased by 6.5%, suggesting an easing of constraints on household formation. Owner-occupied households increased by 10.7% while renter-households increased by 0.6% from their 2017 levels. Housing units grew by 3.9%, and vacant units decreased by 25.3%, to just 5.9% of overall housing stock.

Households and Housing Units and Percent Change, Service Area

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	363,691		377,945		3.9%
Vacant	29,886	8.2%	22,324	5.9%	(-25.3%)
Households	333,805		355,621		6.5%
Owner occ.	195,807	58.7%	216,834	61.0%	10.7%
Renter occ.	137,998	41.3%	138,787	39.0%	0.6%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. http://data.census.gov/ NOTE: While 2017 data was not available for ZIP Codes 92317 (Blue Jay) or 92350 (Loma Linda University), for the purposes of this report they are assumed to have been the same as for 2022.

The weighted average of the median household income in the service area is $77,388, which is almost the same as the County median of $77,423. Median household incomes range from $41,447 in San Bernardino 92401 to $116,942 in Fontana 92336.

Median Household Income

	ZIP Code	Households	Median Household Income
Bloomington	92316	7,877	$ 76,161
Blue Jay	92317	279	N/A
Calimesa	92320	3,767	$ 74,236
Colton	92324	17,896	$ 66,836
Crestline	92325	3,359	$ 76,200
Fontana	92335	24,907	$ 70,082
Fontana	92336	27,112	$116,942
Fontana	92337	9,618	$ 99,414
Hesperia	92345	25,630	$ 64,243
Highland	92346	18,015	$ 81,571
Loma Linda University	92350	15	N/A
Loma Linda	92354	8,132	$ 72,951
Mentone	92359	3,261	$ 71,384
Ontario	91761	17,767	$ 89,041
Redlands	92373	13,078	$ 93,886
Redlands	92374	14,590	$ 92,821
Rialto	92376	22,026	$ 71,825
Rialto	92377	5,337	$108,973
Running Springs	92382	1,914	$ 83,303
San Bernardino	92401	720	$ 41,447
San Bernardino	92404	18,914	$ 62,318
San Bernardino	92405	9,377	$ 55,282
San Bernardino	92407	17,625	$ 83,724
San Bernardino	92408	3,721	$ 57,793
San Bernardino	92410	13,378	$ 50,477
San Bernardino	92411	6,594	$ 54,053
Victorville	92392	16,786	$ 73,860
Victorville	92394	9,657	$ 73,028
Victorville	92395	15,343	$ 53,147
Yucaipa	92399	18,926	$ 87,457
Service Area		**355,621**	**$ 77,388**
San Bernardino County		**659,928**	**$ 77,423**
California		**13,315,822**	**$ 91,905**

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians. NOTE: ZIP Codes 92317 and 92350 excluded from this analysis due to insufficient population / data for analysis.*

Housing Affordability

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 40.7% of owner and renter

occupied households in the service area spend 30% or more of their income on housing. This is similar to the county (40.6%) and state (41%) rates. The ZIP Code with the highest percentage of households spending 30% or more of their income on housing is San Bernardino 92401 (52.8%), followed by San Bernardino 92405 (50.7%) and San Bernardino 92410 (48.2%). The ZIP Code where the smallest percentage of the population is housing-cost burdened is Yucaipa, where 32.2% of households spend 30% or more of their income on housing. Among renters-only, the rates are much higher, with 57.2% of service area renter households being cost burdened, as opposed to 30.6% for owner households. San Bernardino 92405 has the highest rate of cost-burdened renters (69.6%), followed by Victorville 92394 (64.9%) and 92395 (63.5%), Hesperia (61.2%), and San Bernardino 92408 (60.8%).

Percent of Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Bloomington	92316	40.0%	32.5%	56.1%
Blue Jay	92317	44.1%	40.1%	58.1%
Calimesa	92320	35.2%	32.9%	56.7%
Colton	92324	44.0%	32.0%	58.4%
Crestline	92325	34.8%	31.5%	44.1%
Fontana	92335	42.6%	30.0%	54.1%
Fontana	92336	36.5%	33.2%	50.5%
Fontana	92337	38.6%	37.1%	43.2%
Hesperia	92345	43.5%	33.4%	61.2%
Highland	92346	36.5%	25.6%	58.9%
Loma Linda University	92350	N/A	N/A	N/A
Loma Linda	92354	41.3%	17.9%	58.4%
Mentone	92359	33.8%	22.2%	56.8%
Ontario	91761	40.1%	31.8%	56.7%
Redlands	92373	35.7%	25.7%	47.8%
Redlands	92374	36.8%	26.9%	50.9%
Rialto	92376	40.4%	30.1%	56.0%
Rialto	92377	32.7%	30.5%	43.2%
Running Springs	92382	33.3%	28.0%	58.5%
San Bernardino	92401	52.8%	64.7%	49.9%
San Bernardino	92404	46.4%	32.2%	60.1%
San Bernardino	92405	50.7%	32.3%	69.6%
San Bernardino	92407	39.0%	25.9%	59.8%
San Bernardino	92408	46.4%	25.4%	60.8%
San Bernardino	92410	48.2%	32.8%	60.2%
San Bernardino	92411	44.7%	34.4%	57.4%
Victorville	92392	41.2%	32.4%	59.8%
Victorville	92394	44.4%	33.1%	64.9%
Victorville	92395	47.1%	34.0%	63.5%
Yucaipa	92399	32.2%	26.2%	49.5%
Service Area		**40.7%**	**30.6%**	**57.2%**
San Bernardino County		**40.6%**	**30.3%**	**57.5%**
California		**41.0%**	**30.8%**	**54.4%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates DP04. http://data.census.gov/ N/A = Students of Loma Linda University reported no income, meaning 100% fall into this category; however, the 15 households in question were not included in the service area analysis.

Household Overcrowding

Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as "doubling up" – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017.*
https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/tqic-be24/about_data

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two persons per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is generally accepted to be valid, is the most-available measurement, and is the one used by the U.S. Census Department.

In St. Bernardine Medical Center's service area, 7.6% of households live in overcrowded conditions, and an additional 3.4% live in severely overcrowded conditions, for a total of 11% of all households being overcrowded. This is better than the county (9.1%) and state (8.2%) rates, but represents a decrease of 0.2 percentage points from 2017, when an estimated 11.2% of residents lived in overcrowded conditions. Apart from Loma Linda University, where 100% of students live in housing that is considered overcrowded by definition, Fontana 92335 is the community with the highest combined rate of overcrowding in the service area (23.4% of all households), followed by San Bernardino 92411 (21.9%). San Bernardino 92401 has the highest rate of severe overcrowding (10% of all households), after Loma Linda University.

Overcrowded and Severely-Overcrowded Housing, by ZIP Code

	ZIP Codes	Percent of households with >1 to 1.5 PPR	Percent of households with >1.5 PPR	Combined rate of overcrowding	Point change, 2017-2022
Bloomington	92316	9.1%	3.7%	12.8%	(-1.3%)
Blue Jay	92317	0.0%	0.0%	0.0%	0.0%
Calimesa	92320	1.1%	0.0%	1.1%	(-2.0%)
Colton	92324	7.3%	4.7%	12.0%	1.4%
Crestline	92325	3.8%	2.7%	6.5%	3.5%
Fontana	92335	16.0%	7.4%	23.4%	2.9%

	ZIP Codes	Percent of households with >1 to 1.5 PPR	Percent of households with >1.5 PPR	Combined rate of overcrowding	Point change, 2017-2022
Fontana	92336	5.8%	1.8%	7.6%	0.0%
Fontana	92337	6.6%	2.2%	8.8%	(-0.5%)
Hesperia	92345	4.7%	2.6%	7.4%	(-1.0%)
Highland	92346	5.0%	3.4%	8.4%	0.3%
Loma Linda University	92350	0.0%	100.0%	100.0%	0.0%
Loma Linda	92354	3.8%	1.3%	5.0%	1.0%
Mentone	92359	7.2%	0.6%	7.8%	2.6%
Ontario	91761	8.7%	3.6%	12.4%	2.8%
Redlands	92373	3.0%	1.6%	4.5%	0.9%
Redlands	92374	4.2%	1.9%	6.1%	(-1.5%)
Rialto	92376	13.1%	4.9%	18.0%	0.6%
Rialto	92377	4.8%	3.5%	8.3%	5.3%
Running Springs	92382	1.0%	0.9%	1.9%	(-5.4%)
San Bernardino	92401	3.3%	10.0%	13.3%	(-3.6%)
San Bernardino	92404	9.0%	3.8%	12.8%	(-1.7%)
San Bernardino	92405	11.0%	5.2%	16.2%	(-0.3%)
San Bernardino	92407	9.1%	2.1%	11.2%	(-2.5%)
San Bernardino	92408	8.1%	2.9%	11.0%	(-8.6%)
San Bernardino	92410	11.1%	6.9%	18.1%	(-5.3%)
San Bernardino	92411	16.7%	5.2%	21.9%	0.4%
Victorville	92392	5.2%	3.3%	8.5%	(-0.5%)
Victorville	92394	5.9%	1.0%	6.9%	(-3.0%)
Victorville	92395	7.8%	3.1%	10.9%	2.8%
Yucaipa	92399	2.0%	1.4%	3.4%	(-1.4%)
Service Area		**7.6%**	**3.4%**	**11.0%**	**(-0.2%)**
San Bernardino County		**6.3%**	**2.8%**	**9.1%**	**0.3%**
California		**5.1%**	**3.1%**	**8.2%**	**0.1%**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. http://data.census.gov/

Homelessness

An annual point-in-time (PIT) count of homeless people is conducted in San Bernardino County to determine how many individuals and families are homeless on a given day. The PIT count is scheduled to occur on a single night in the last 10 days of January. From 2022 to 2024 the number of unsheltered individuals rose by 666, an increase of 27.9%. During that same time, the total number of sheltered homeless increased by 256 persons, representing a 27.1% increase in sheltering services.

Homelessness, San Bernardino County

	2022		2024	
	Number	Percent	Number	Percent
Sheltered individuals	944	28.3%	1,200	28.2%
Unsheltered individuals	2,389	71.7%	3,055	71.8%
Count of homeless individuals	**3,333**	**100%**	**4,255**	**100%**

Source: San Bernardino County Homeless Partnership, 2022 & 2024 Homeless Count and Survey Report.
https://sbchp.sbcounty.gov/community-projects/point-in-time-count/

Chronic homelessness is defined as being homeless for one year or more and having a disabling condition such as mental illness, chronic health condition, and/or a physical disability. Of the 3,055 unsheltered homeless people in the County in 2024, 98.6% were adult individuals, 1.2% were children (under 18) with family, and 0.2% were unaccompanied minors (under the age of 18). Chronic homelessness increased to 55.6%. First-time homelessness also rose, to 35.9%. 237 individuals living on the streets of the County have been told by a doctor or other medical professional that they have a chronic condition that is life-threatening, such as heart, lung, liver, kidney or cancerous disease.

Unsheltered Subpopulations, San Bernardino County

	2022		2024	
	Number	**Percent**	**Number**	**Percent**
Unsheltered individuals	2,389	71.7%	3,055	71.8%
Chronically homeless adults	1,027	43.5%	1,678	55.6%
Homeless families	10	-	16	-
Children in families	16	0.7%	37	1.2%
Unaccompanied youth (under 18)	16	0.7%	6	0.2%
Gender non-conforming youth	0	-	0	-
Transgender/non-conforming adult	23	1.0%	18	0.6%
Persons with HIV/AIDS	50	2.1%	33	1.1%
With mental health problems	684	29.0%	631	20.9%
Individuals who use substances	868	36.8%	866	28.7%
Veterans	166	7.0%	211	7.0%
Chronically homeless veterans	79	47.4%	Not reported	Not reported
Homeless due to domestic/sexual violence	166	7.0%	205	6.8%
First time homeless (past 12 months)?	645	27%	592	35.9%
Chronic life-threatening health condition	358	15%	237	14.4%
Prison/jail release (past 12 months)?	526	22%	353	21.4%
Former foster-care resident	Not asked	Not asked	190	11.5%

Source: San Bernardino County Homeless Partnership, 2022 & 2024 Homeless Count and Survey Report.
https://sbchp.sbcounty.gov/community-projects/point-in-time-count/

81% of the homeless in San Bernardino County were staying in the service area on the night of the PIT count. By city, the largest number of homeless individuals in the service area are in the City of San Bernardino (1,417), followed by Victorville (611). Relatively few (231, or 6.7% of the total) in any listed service area city are in transitional housing, and only an additional 23.3% of the total are found in any sort of shelter; 70% of homeless individuals in the service area are unsheltered.

Homeless Individuals, by City, 2024

	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
Bloomington/Crestmore	0	0	16	16
Blue Jay	0	0	0	0
Colton	118	0	230	348
Crestline	9	0	11	20
Fontana	13	28	260	301
Hesperia	0	0	67	67
Highland	25	0	100	125
Loma Linda	0	0	14	14
Mentone/Crafton	3	0	3	6
Muscoy	0	0	10	10
Ontario	25	9	163	197
Redlands	31	38	144	213
Rialto	0	0	73	73
Running Springs	0	0	5	5
San Bernardino	337	103	977	1,417
Victorville	232	53	326	611
Yucaipa	11	0	13	24
Service Area Cities	**804**	**231**	**2,412**	**3,447**
San Bernardino County	**844**	**356**	**3,055**	**4,255**

Source: San Bernardino County Homeless Partnership, 2024 Homeless Count and Survey Report.
https://sbchp.sbcounty.gov/community-projects/point-in-time-count/

Housing & Homelessness Community Input

From Interviews

- People aren't working together to understand the right strategies and the infrastructure to solve homelessness.
- A lot of our families are working in Amazon warehouses or various logistics jobs where the salaries don't match up for them to be able to afford housing. Incomes haven't increased at the pace that market rents have increased.
- A one bedroom in our area is $1700-1800. For mothers, many have no income to participate in housing programs and shelters won't take children under the age of one or two and/or their family is too large.
- We need to look at how to build more affordable housing. And we need programs for those who want to work towards home ownership, like down payment assistance.
- Homeless and foster youth are forgotten when you look at data in terms of education and quality of life. They're not meeting grade level. It's a population needing support.

- In San Bernardino and Victorville, the two cities that we work the most in, if every housing unit that was submitted to the city was online today, we still wouldn't have enough housing for the people who are homeless.
- Landlords are doing more screenings now and requiring 3 times their rent income. Many landlords will decide not to rent to a family with a Section 8 voucher

Housing & Homelessness Community Input, Continued

- Many homeless men are coming from the reentry world of prison or jail and have little to no options for housing. They don't have resources or family or a place to stay.
- To address homelessness, we must address their needs around drug addiction.
- The unhoused population obviously has transportation issues, geographic disparity issues, the digital divide, and fear that they will lose their belongings.
- The working poor who are unable to pay for medical insurance. They need to focus on food and are facing housing insecurity.
- Rents have been increasing significantly since 2020. But our funding has not grown to meet that increase. Rents have increased 42% but our funding has only increased by 22%. That means we have less to assist our families. That means more people may fall into homelessness.

And from Focus Groups

- An oft discussed sentiment was the growing presence of homelessness in public spaces keeps families at home. *"I'd rather my son stay at home instead of seeing things in the park,"* one participant shared.

Public Program Participation

In San Bernardino County, 46.2% of those making less than 200% of the FPL are not able to afford enough to eat, and 30.4% utilize food stamps. WIC benefits are accessed by 55.5% of county children 6 and younger. 12.7% of county residents are TANF/CalWorks recipients. 21.5% of adult immigrants said that there has been a time when they have avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 18.4% of adult immigrants said that they were asked to provide a Social Security number or other proof of citizenship within the past year in order to obtain medical services or school enrollment. This is a higher rate than seen statewide (15.7%).

Public Program Participation, Population < 200% FPL

	San Bernardino County	California
Not able to afford food	46.2%	40.2%
Food stamp recipients	30.4%	29.5%
WIC usage among children, 6 years and under	55.5%	48.5%

TANF/CalWorks recipients	12.7%	10.9%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)	21.5%	17.8%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year	18.4%	15.7%

*Source: California Health Interview Survey, 2019-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

In the service area, 7.2% of all residents receive SSI benefits, 5.2% receive cash public assistance income, and 16.6% of residents receive food stamp benefits. These rates are higher than the county and state rates.

Household Supportive Benefits

	Service Area	San Bernardino County	California
Total households	**355,327**	**659,928**	**13,315,822**
Supplemental Security Income (SSI)	7.2%	6.6%	5.9%
Cash Public Assistance	5.2%	4.6%	3.7%
Food Stamps/SNAP	16.6%	14.2%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 81.8% of eligible households in San Bernardino County received food stamps (CalFresh) in 2021. A monthly average of 188,159 households in the county received food stamps in 2023, with the number rising over the year. The number of households receiving food stamps in April 2024 (197,138) was a 7.5% increase over the April 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	April 2024	Percent Increase From 2023 Monthly Average
San Bernardino County	188,159	81.8%	197,138	7.5%
California	3,049,919	77.0%	3,175,087	6.4%

*Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Average.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In

San Bernardino County, 12.2% of the population experienced food insecurity in 2022. Among children in San Bernardino County, 17.9% lived in households that experienced food insecurity. Feeding America estimates that 74% of those experiencing food insecurity in San Bernardino County, and 67% of county children experiencing food insecurity, are income-eligible for nutritional programs such as SNAP/CalFresh.

Food Insecurity

	San Bernardino County		California	
	Number	**Rate**	**Number**	**Rate**
Total population experienced food insecurity during the year	265,220	12.2%	4,915,450	12.6%
Children under age 18 experienced food insecurity during the year	100,840	17.9%	1,437,250	16.9%

Source: Feeding America, 2022. https://map.feedingamerica.org/county/2022/overall/california/county/san-bernardino

Food Insecurity Community Input

From Interviews

- Echoing other comments, questions arose about what's going to happen with immigration and people not accessing services out of fear.
- Low wages and low educational attainment are contributing factors. The job ecosystem isn't available here. Here, you see more warehouse jobs which is creating that wealth gap.
- For those families who make too much money for public assistance and food stamps, but can't afford to buy food, we need better coordinated community efforts for food banks and community gardens. It is great when a company says they are bringing X number of jobs into the community. But then the wages can’t sustain a family.
- During the pandemic more governmental assistance was made available through CalFresh and subsidies as well as funding to CBOs that provided a lot of meals. Some of that has gone away. In the last 12 to 24 months, we have seen an increase in the number of people coming for our food services. We are seeing an increase in seniors because their fixed incomes aren’t keeping up with the cost of food.
- We are identifying areas in the city that need more groceries and access to healthy foods, like the westside of San Bernardino.

And from Focus Groups

- Affordability was a key barrier to accessing healthy food, with one participant explaining, “*Accessing healthy food is difficult, I get food stamps... by the end of the month, you have to scavenge whatever you can, and whatever’s cheap.*”

- Participants were able to link the prevalence of food deserts and poor nutrition to the rise of diabetes and obesity rates, *"We are seeing an epidemic of diabetes and obesity… healthier options are not really available or tangible for a lot of families."*
- Busy lifestyles made it difficult for people to maintain healthy eating habits, as one person shared in Spanish, *"Por el trabajo y las rutinas es muy difícil llevar una dieta saludable.*

Education

Educational attainment is a key driver of health. In the hospital service area, 22.1% of adults, 25 and older, lack a high school diploma, which is higher than the county (18.6%) and state (15.6%) rates. 18.7% of area adults have a bachelor's degree or higher, which is lower than the county (22.4%) and state (35.9%).

Education Levels, Population 25 Years and Older

	Service Area	San Bernardino County	California
Population 25 years and older	**764,321**	**1,388,742**	**26,842,698**
Less than 9th grade	10.1%	8.5%	8.7%
9th to 12th grade, no diploma	11.9%	10.1%	6.9%
High school graduate	29.6%	27.2%	20.4%
Some college, no degree	22.1%	23.3%	20.1%
Associate's degree	7.6%	8.4%	8.0%
Bachelor's degree	12.0%	14.5%	22.1%
Graduate/professional degree	6.7%	7.9%	13.8%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP02. http://data.census.gov/,

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of area school districts, Colton Joint Unified, Rim of the World Unified, Snowline Joint Unified, and Victor Valley Union High School Districts did not meet this objective in 2024.

High School Graduation Rates

	2023-2024
Beaumont Unified School District	94.5%
Chaffey Joint Union High School District	91.3%
Chino Valley Unified School District	94.6%
Colton Joint Unified School District	87.3%
Fontana Unified School District	92.5%
Hesperia Unified School District	93.7%
Redlands Unified School District	90.7%
Rialto Unified School District	92.2%
Rim of the World Unified School District	84.1%
San Bernardino City Unified School District	92.4%
Snowline Joint Unified School District	86.5%
Victor Valley Union High School District	87.8%
Yucaipa-Calimesa Joint Unified School District	93.1%
San Bernardino County	**90.7%**
California	**90.2%**

Source: California Department of Education DataQuest, 2024. http://dq.cde.ca.gov/dataquest/

Differences are seen in rates of high school graduation when looked at by race or ethnicity of the students, with African American and American Indian / Alaska Native students having the lowest four-year graduation rates at both the county and state level, and Filipino and Asian students having the highest graduation rates.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2023-2024

	San Bernardino County	California
Filipino	97.2%	95.2%
Asian	93.3%	92.2%
White	87.8%	89.0%
Hispanic or Latino	86.2%	84.9%
Pacific Islander	86.2%	82.8%
Multiracial	83.8%	88.2%
African American	79.8%	78.4%
American Indian or Alaska Native	77.7%	79.6%

Source: California Department of Education, 2024. https://data1.cde.ca.gov/dataquest/ By default, Charter Schools data are not included in county and state rates.

Safe Parks or Playgrounds

Parents of children aged one to 11 were asked if the park or playground closest to where they live is safe during the daytime; 84.5% of San Bernardino County parents said it was, as compared to 87.9% for California.

Safe Park or Playground, Children 1 to 11

	San Bernardino County	California
Park or playground nearest to home is safe during the daytime	84.5%	87.9%

*Source: California Health Interview Survey, 2020-2022; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime and property crime rates for 2023 are lower in San Bernardino County than the state, and rates for both types of crime fell in the county from 2019 to 2023, while California's rate of violent crime rose.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2019 and 2023

	Property Crime Rates		Violent Crime Rates	
	2019	2023	2019	2023
San Bernardino County	2,185.5	1,691.2	563.2	383.2
California	**2,316.7**	**2,275.5**	**438.5**	**511.6**

Source: California Department of Justice, Open Justice Portal, 2024. https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances
**All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.*

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within "Weapon Involved," a personal weapon was the category most frequently reported. San Bernardino County had 47.5% of domestic violence calls reporting a weapon, while the state average is 63.4%. However, the county had a higher percentage of calls involving strangulation or suffocation (12%) than did the state (5.2%).

Domestic Violence Call Rates, per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/Suffocation
San Bernardino County	6,416	3,370	3,046	47.5%	12.0%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

When adults and teens in San Bernardino County were asked about neighborhood cohesion, the majority of adult residents (86.5%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (79%), and people in their neighborhood could be trusted (75.5%). The majority of teens (91.3%) felt safe most or all of the time, and that people in the neighborhood were willing to help (68.4%) and could be trusted (70.8%). However, these rates were all (with the exception of teens feeling safe) lower at the county level than the state average.

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	San Bernardino County	California
Feels safe all or most of time	86.5%	87.3%
People in neighborhood are willing to help	79.0%	80.4%
People in neighborhood can be trusted	75.5%	80.4%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

Neighborhood Cohesion, Teens Ages 12-17, Who Agree or Strongly Agree

	San Bernardino County	California
Feels safe all or most of the time	91.3%	87.6%
People in neighborhood are willing to help	68.4%	87.7%
People in neighborhood can be trusted	70.8%	82.4%

*Source: California Health Interview Survey, 2018-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

In 2020 in San Bernardino County, which is the most-recent data available, the rate of children, younger than age 18, who experienced substantiated cases of abuse or neglect was 8.1 cases per 1,000 children. This is a higher rate of substantiated maltreatment than the state rate of 6.8 cases per 1,000 children. Both reports and substantiated cases decreased sharply in 2020,

compared to earlier years, due to various effects from the COVID-19 Pandemic.

Substantiated Child Abuse Rates, per 1,000 Children

	San Bernardino County		California	
	2018	2020	2018	2020
Reported cases of child abuse and neglect	57.2	46.3	53.2	43.5
Substantiated cases of child abuse and neglect	9.1	8.1	7.6	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, October 2021. Accessed from KidsData.org at http://kidsdata.org

Violence Community Input

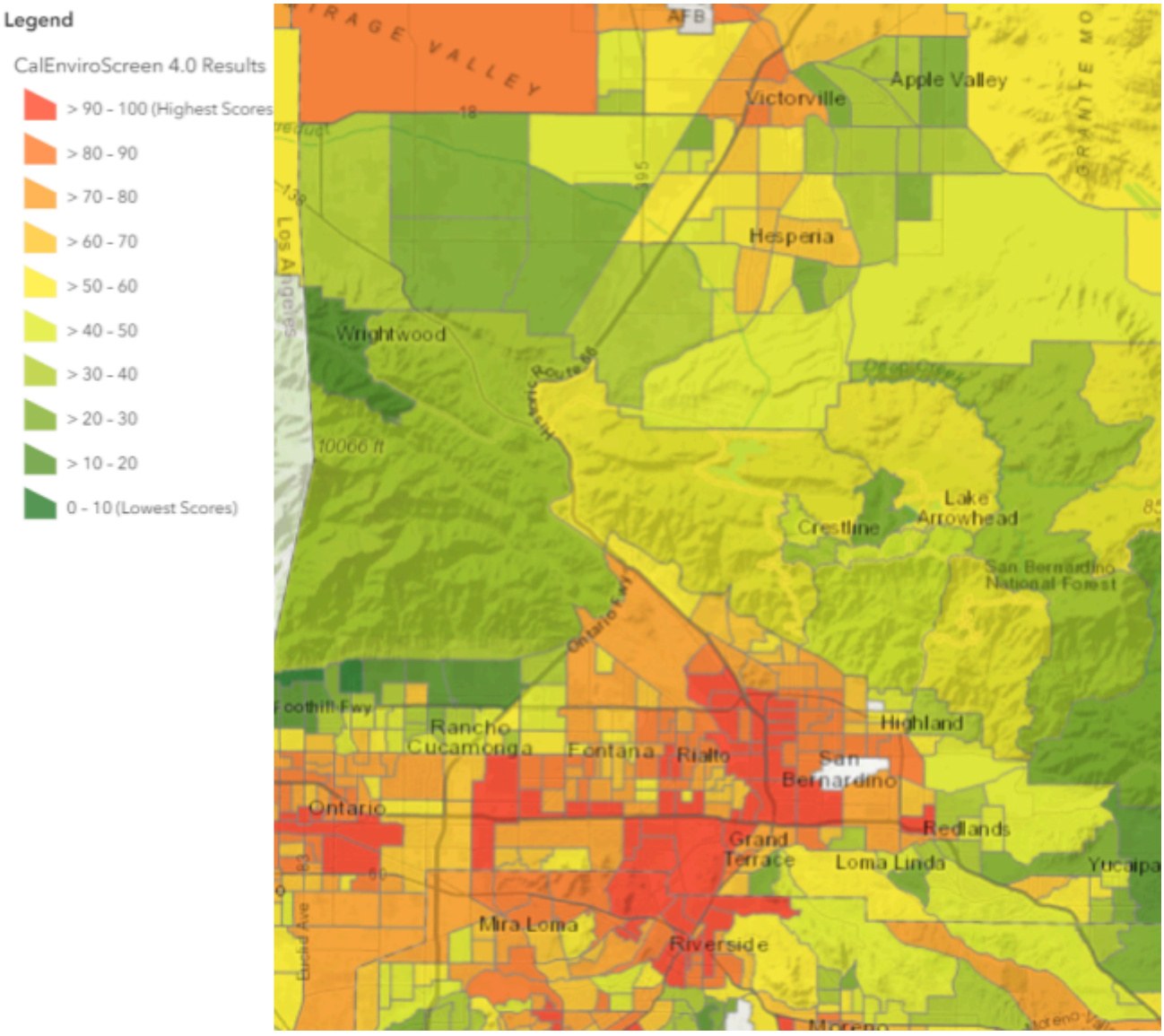
- Law enforcement doesn't necessarily have the skills to address some of those root causes of violence.
- There is a level of distrust with law enforcement.
- For those suffering from domestic violence, the biggest barrier is housing. We have victims of domestic violence that come to us, and they want to leave their abusive partner, but they have nowhere to go.
- We see victims of violence, be it physical, emotional, or sexual. Many of them have abused substances and are working through that.
- When you go talk to these homeless individuals in the park, you'll find pretty quickly that they are a community that looks out for one another, that watches out for one another and protects one another. Homeless people pick parks because it's a safe place.
- Domestic violence is one of the bigger issues that plagues our community. In San Bernardino County. Issues that our people are facing are physical, emotional, and psychological abuse in their homes, which causes them to become unhoused. Issues are limited access to shelters, limited access to counseling services and legal protections.
- With youth, issues include poverty, gang activity, exposure to violence in their childhood. They will experience mental abuse from their parents.

Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard Assessment (OEHHA), an office within the California Environmental Protection Agency, it presents a relative evaluation of pollution burdens and vulnerabilities in California communities by providing a relative ranking of communities across the state of California. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the

highest possible score of 100, and then maps are created to help visualize the data.

As can be seen from the below map, most of the populated Census tracts in the service area (such as the cities of San Bernardino, Colton, Rialto, Redlands, Fontana, Ontario, and even Victorville and Hesperia) belong to the top 10th (red), 20th (dark orange), 30th (orange), or 40th (light orange) percentiles of highest-burdened California tracts. Only the less-populated areas outside of the cities, such as around Hesperia and between Victorville and San Bernardino, and perhaps Loma Linda, belong to the bottom 60th to 80th percentiles of lowest-burdened tracts.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.
https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing quality, comprehensive clinical care. Barriers to care can result in unmet health needs, delays in provision of treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2030 objective is 92.4% insurance coverage for all population groups.

In the service area, 90.6% of the total population has health insurance. 95.6% of children and adolescents aged 0 to 18, 86.8% of adults ages 19-64, and 98.2% of senior adults aged 65 and older are insured. The rate of health insurance coverage for the total population is lower than the county (91.4%) and state (92.9%) rates. The lowest rates of all-age and adult (ages 19 to 64) coverage in the service area are found in Fontana 92335. The second-lowest all-age and adult coverage, and the lowest rate for children, are found in San Bernardino 92401, though senior adults living there do have 100% coverage. The lowest rate of coverage for senior adults aged 65 and older is in San Bernardino 92410. San Bernardino 92411 also has low rates of coverage for multiple age groups. Redlands 92373 has the highest rate of coverage among the total population (96.3%) and among adults aged 19 to 64 (94.6%); it also has 100% coverage among senior adults, as do Blue Jay, Calimesa, and Running Springs. 100% of children have health insurance in Blue Jay and Loma Linda University.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18	19 to 64	65+
Bloomington	92316	90.1%	96.0%	86.1%	98.5%
Blue Jay	92317	93.3%	100.0%	87.8%	100.0%
Calimesa	92320	96.2%	97.6%	93.8%	100.0%
Colton	92324	91.0%	95.2%	88.0%	97.8%
Crestline	92325	92.3%	98.9%	88.2%	98.9%
Fontana	92335	84.5%	93.5%	78.4%	95.5%
Fontana	92336	93.4%	96.4%	91.1%	99.1%
Fontana	92337	94.0%	97.9%	92.0%	97.1%
Hesperia	92345	89.5%	93.4%	85.8%	99.0%
Highland	92346	91.0%	97.2%	86.5%	99.0%
Loma Linda University	92350	91.0%	100.0%	90.5%	N/A
Loma Linda	92354	93.9%	96.8%	91.7%	97.8%
Mentone	92359	95.4%	98.9%	94.0%	94.8%
Ontario	91761	92.0%	95.9%	89.0%	99.2%
Redlands	92373	96.3%	98.2%	94.6%	100.0%
Redlands	92374	92.3%	95.4%	89.5%	99.8%
Rialto	92376	87.7%	94.6%	82.8%	97.5%
Rialto	92377	91.9%	93.4%	90.4%	96.9%
Running Springs	92382	96.2%	98.8%	93.5%	100.0%
San Bernardino	92401	85.5%	90.4%	79.7%	100.0%

	ZIP Code	All Ages	0 to 18	19 to 64	65+
San Bernardino	92404	88.1%	94.6%	83.4%	97.7%
San Bernardino	92405	88.4%	96.6%	82.3%	98.9%
San Bernardino	92407	92.1%	97.1%	88.8%	97.9%
San Bernardino	92408	89.9%	96.8%	85.6%	97.9%
San Bernardino	92410	87.3%	97.0%	80.7%	94.1%
San Bernardino	92411	85.9%	91.7%	80.4%	98.6%
Victorville	92392	91.3%	95.5%	87.5%	98.9%
Victorville	92394	91.7%	97.4%	86.8%	100.0%
Victorville	92395	92.6%	97.3%	89.1%	96.3%
Yucaipa	92399	93.6%	94.6%	91.5%	99.3%
Service Area		**90.6%**	**95.6%**	**86.8%**	**98.2%**
San Bernardino County		**91.4%**	**95.6%**	**88.0%**	**98.5%**
California		**92.9%**	**96.6%**	**90.0%**	**98.9%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, S2701. http://data.census.gov/

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in the service area. In every age group, health insurance coverage is lowest among Hispanic residents and those who identified as some race other than those listed, except for children, where American Indian / Alaskan Native (AIAN) children have the lowest rate. The service area average for health insurance coverage in children is 95.6%. The lowest rate of coverage (94%) is seen in AIAN children, followed by children identified as some race other than those listed (94.4%), and Hispanic children (95%). Among adults, ages 19 to 64, in the service area, on average 86.8% have health insurance. The lowest rate is found in adults who identify as a race other than one of the listed races (81.5%). A lower-than-average rate is also seen among Hispanic (83%), Native Hawaiian or Pacific Islander (86%), multiracial (86.1%) and AIAN (86.5%) adults. The lowest rate of coverage among service area senior adults, ages 65 and older, is found among those of an unlisted race (94.7%) followed by Hispanic and Asian (both 97.2%) senior adults.

Health Insurance, Service Area Population, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.6%	97.1%	93.8%	99.4%
Asian	94.7%	97.4%	93.1%	97.2%
Black or African American	94.1%	96.6%	91.7%	99.3%
Native Hawaiian or Pacific Islander	91.2%	99.8%	86.0%	99.3%
Multiracial	90.7%	96.4%	86.1%	99.0%
American Indian or Alaska Native	89.7%	94.0%	86.5%	99.2%
Hispanic	87.9%	95.0%	83.0%	97.2%
Other race	86.4%	94.4%	81.5%	94.7%

Source: U.S. Census Bureau, 2020-2022 American Community Survey, C27001B thru C27001I. http://data.census.gov/

When insurance coverage was examined for San Bernardino County, 26.9% of County residents have Medi-Cal coverage and 46.9% have employment-based insurance, which is a higher level of Medi-Cal and a lower level of employment-based coverage than statewide levels.

Type of Health Insurance Coverage

	San Bernardino County	California
Medi-Cal	26.9%	21.9%
Medicare only	1.3%	1.4%
Medi-Cal/Medicare	3.8%	3.5%
Medicare and others	8.9%	11.7%
Other public	1.5%	1.1%
Employment based	46.9%	50.0%
Private purchase	3.3%	4.7%
No insurance	7.4%	5.8%

*Source: California Health Interview Survey, 2020-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

In San Bernardino County, 57.5% of adults reported that it was very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO), which is higher than the state average (47.1%).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	San Bernardino County	California
Very difficult	57.5%	47.1%
Somewhat difficult	*8.0%	25.7%
Not too difficult	18.6%	16.3%
Not at all difficult	15.9%	10.9%

*Source: California Health Interview Survey, 2020-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

In San Bernardino County, 39.1% of adults reported it was very difficult to find an affordable health plan directly through Covered California, which is higher than the state average (33.3%).

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	San Bernardino County	California
Very difficult	39.1%	33.3%
Somewhat difficult	24.2%	27.1%
Not too difficult	27.7%	26.7%
Not at all difficult	9.0%	12.9%

*Source: California Health Interview Survey, 2020-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In San Bernardino County, 17.4% of the population does not have a regular source of health care, which is higher than the state rate (15%). The source of care for 61.3% of county residents is a doctor's office, HMO or Kaiser, which is lower than the state's rate (63.4%). 17.8% access care at a clinic or community hospital, which is also lower than the state rate (19.1%).

Source of Care, All Ages

	San Bernardino County	California
Dr. office/HMO/Kaiser Permanente	61.3%	63.4%
Community clinic/government clinic/ community hospital	17.8%	19.1%
ER/Urgent care	1.6%	0.9%
Other place/no one place	2.0%	1.5%
No usual source of care	17.4%	15.0%

*Source: California Health Interview Survey, 2020-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

When access to care through a usual source of care is examined by race and ethnicity, for all age groups, non-Latino multiracial residents of the county were the least likely to have a usual source of care (79%), followed by Latino residents (81%).

Have Usual Source of Care, by Race and Ethnicity, All Ages

	San Bernardino County	California
White, non-Latino	89.1%	90.1%
Black or African American, non-Latino	88.9%	87.6%
American Indian or Alaska Native, non-Latino	N/A	87.4%
Asian, non-Latino	85.3%	86.1%
Native Hawaiian or Pacific Islander, non-Latino	N/A	85.9%
Latino	81.0%	81.5%
Multiracial, non-Latino	79.0%	86.4%
Total population	**84.2%**	**85.9%**

Source: California Health Interview Survey, 2018-2022. https://healthpolicy.ucla.edu/our-work/askchis/ N/A = suppressed due to small sample size.

Emergency Room Visits

19.8% of San Bernardino County residents visited an ER in the past year. Senior adults, aged 65 and older, visited the ER at the highest rates (24.1%). Poverty-level residents visited the ER at a higher rate (25.3%) than the general population. ER utilization rates were higher in San Bernardino County than at the state level, due to higher utilization rates among both adults and senior adults.

Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	19.8%	15.7%
0-17 years old	13.9%	13.6%
18-64 years old	21.3%	15.0%
65 and older	24.1%	21.0%
<100% of poverty level	25.3%	20.2%
≥ 100% to <200% of poverty level	17.5%	17.9%

*Source: California Health Interview Survey, 2020-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Difficulty Accessing Care

A delay in care can lead to an increased risk of health care complications. In the prior 12 months, 24.5% of San Bernardino County adults indicated that they were always able to get a doctor's appointment within two days for sickness or injury and 13.6% were usually able to, while 21.6% of county residents were never able to get an appointment within two days. These rates show less ease in getting appointments than seen at the state level.

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	San Bernardino County	California
Always able	24.5%	23.3%
Usually able	13.6%	26.6%
Sometimes able	30.3%	29.5%
Never able	21.6%	20.6%

Source: California Health Interview Survey, 2021-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

10.2% of San Bernardino County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 15% of adults reported difficulty accessing specialty care. 5.4% of adults in the past year had been told by a primary care physician's office that their insurance would not be accepted. 10.5% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Finding Primary and Specialty Care in the Past Year, Adults

	San Bernardino County	California
Reported difficulty finding primary care	10.2%	8.7%
Reported difficulty finding specialist care	15.0%	16.8%
Primary care doctor not accepting their insurance	5.4%	5.5%
Specialist not accepting their insurance	10.5%	10.1%

*Source: California Health Interview Survey, 2020-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Delayed or Forgone Care

14.7% of county residents delayed or did not get medical care when needed. Of these, 50.6% ultimately went without needed medical care, meaning that 7.4% of the overall population had to forgo needed care. This is more than the Healthy People 2030 objective of 5.9% of the

population who forgo care. County residents showed a lower rate of delayed and unfilled prescriptions (7.7%) when compared to the state (8.4%).

Delayed Care in Past 12 Months, All Ages

	San Bernardino County	California
Delayed or did not get medical care	14.7%	16.5%
Had to forgo needed medical care	7.4%	8.6%
Delayed or did not get prescription meds	7.7%	8.4%

Source: California Health Interview Survey, 2021-2022. https://healthpolicy.ucla.edu/our-work/askchis/

Of county residents who delayed or did not get care, 36% attributed it to cost, lack of insurance, or issues with insurance, 30.8% delayed or forewent care because of systems and provider issues and barriers, 22% of the population delayed or forewent care due to personal or other reasons, and 11.2% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	San Bernardino County	California
Cost, lack of insurance or other insurance issue	36.0%	31.2%
Health care system/provider issues and barriers	30.8%	25.9%
Personal and other reasons	22.0%	25.9%
COVID-19	11.2%	17.0%

Source: California Health Interview Survey, 2021-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

Non-Latino multiracial residents of the county were the most likely to say that they had delayed or forgone needed medical care during the prior year due to cost or lack of insurance (57.7%), followed by Latino residents (41%). Non-Latino Black residents of San Bernardino County were the least likely to say they had delayed or forgone needed medical care during the prior year due to cost or lack of insurance (17.6%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	San Bernardino County	California
Multiracial (non-Latino)	*57.7%	34.5%
Latino	41.0%	44.2%
White (non-Latino)	36.7%	33.5%
Asian (non-Latino)	27.2%	31.2%
American Indian or Alaska Native (non-Latino)	N/A	27.7%
Native Hawaiian or Pacific Islander (non-Latino)	N/A	*26.8%
Black (non-Latino)	*17.6%	31.9%
Total	**36.5%**	**37.0%**

*Source: California Health Interview Survey, 2018-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Lack of Care Due to Cost, for Children

1.5% of children, ages 0 to 17, in San Bernardino County missed or delayed care within the prior 12 months due to cost or lack of insurance. 2.2% of county children ultimately did not receive care, regardless of the original reason for the delay. 4.1% of county children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	San Bernardino County	California
Child's care delayed or forgone due to cost or lack of insurance	1.5%	1.6%
Child missed care	2.2%	2.5%
Child's prescription medication delayed or unfilled	4.1%	4.0%

*Source: California Health Interview Survey, 2019-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among county adults, 46.5% had received care from a health care provider through telehealth in the prior year, rather than an office visit. This is slightly below the state rate.

Telehealth, Past Year, Adults

	San Bernardino County	California
Received care from a health care provider through video or telephone	46.5%	47.8%

Source: California Health Interview Survey, 2021-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, county respondents felt similarly to state residents: the majority feel that it's about the same, about 20% feel that it's better and about 20% feel that it's worse. 4.6% of county residents rated the visit 'much worse' and 9% rated it 'much better' than an in-person visit.

Rating of Most-Recent Video Visit Experience with Provider Compared to In-Person

	San Bernardino County	California
Much worse	4.6%	4.1%
Somewhat worse	15.8%	17.7%
About the same	43.2%	44.4%
Somewhat better	9.9%	9.8%
Much better	9.0%	9.0%
Have not had one	17.4%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and healthcare disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e. elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care.

96.2% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 95.6% have a download speed of 1G available. California ranks 19th out of the 50 U.S. states in terms of Broadband coverage, per BroadbandNow's annual ranking of internet coverage, speed, and availability.

Terrestrial Broadband Internet Coverage

	% Broadband Coverage (Download speed)		
	25+ Mbps	100+ Mbps	1 Gig
San Bernardino County	96.2%	95.9%	95.6%
California	96.1%	96.1%	51.1%

Source: BroadbandNow,2024 data. https://broadbandnow.com/California

While 96.2% of the county population could access broadband for their households, only 90% of households in the Inland Empire (Riverside & San Bernardino Counties) choose to do so. Cost was reported to be the main factor affecting unconnected and under-connected households' decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Under-connected" refers to households that can only connect at home through a smartphone. Almost half of unconnected and under-connected area residents reported connecting to broadband at other locations, such as retail stores, friends/relatives' homes, libraries/schools, work, etc. Around 21% of un/under-connected residents of the state had used telehealth services, as compared to a 46.1% overall rate.

The Affordable Connectivity Program (ACP) is a means-tested program launched in January 2022 to help middle and low-income families pay for Internet access. Low-income families and/or those participating in several designated assistance programs, such as SNAP, Medi-Cal, SSI, etc., qualify. Awareness of the program is particularly low among surveyed un- or under-connected households in the Inland Empire who were determined to be likely eligible, only 27% of whom were aware of it.

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
Inland Empire (Riverside & San Bernardino Counties)	90%	3.1%	6.7%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023.
https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/

Primary Care Physicians

The ratio of the population to primary care physicians in the county is 1,699:1, which is higher than the state ratio of 1,233 persons per primary care physician. The primary care physician ratio data point is an indicator of access to care, and in this case indicates reduced access.

Primary Care Physicians, Number and Ratio

	San Bernardino County	California
Number of primary care physicians	1,292	31,820
Ratio of population to primary care physicians	1,699:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 36.9% of the population in the service area is low-income (200% of Federal Poverty Level) and 15.1% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including:

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Borrego Community Health Foundation Central City Community Health Center Inc.
Central Neighborhood Health Foundation
Community Health Systems Inc.
Health Service Alliance
Inland Behavioral & Health Services Inc.
Mission City Community Network Inc.
Neighborhood Healthcare
Pomona Community Health Center (DBA Parktree CHC)
Riverside County Health System
SAC Health System
San Bernardino County Public Health Dept.
St. Jude Neighborhood Health Centers
Tri-State Community Healthcare Center
Unicare Community Health Center

These clinics serve a total of 74,780 patients in the service area, or 16.9% penetration among low-income patients. From 2020-2022, there was a 20.1% decrease in patients served by these clinics in the service area. 368,528 low-income residents, 83.1% of the population at or below 200% FPL, are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
443,308	74,780	16.9%	6.1%	368,528	83.1%

Source: Health Center Program GeoCare Navigator, 2024, 2017-2021 population numbers. https://geocarenavigator.hrsa.gov/

Federally Qualified Health Centers, Largest Patient Numbers, by ZIP Code

	ZIP Code	Dominant FQHC Clinic	Share of Patients 2022
Bloomington	92316	Community Health Systems, Inc.	60.2%
Blue Jay	92317	SAC Health System	100.0%
Calimesa	92320	Riverside County Health System	44.6%
Colton	92324	SAC Health System	41.8%
Crestline	92325	SAC Health System	68.1%
Fontana	92335	Unicare Community Health Center	41.9%
Fontana	92336	Unicare Community Health Center	36.9%
Fontana	92337	Riverside County Health System	23.2%
Hesperia	92345	San Bernardino County Public Health Dept.	46.7%
Highland	92346	SAC Health System	62.5%
Loma Linda University	92350	None	N/A
Loma Linda	92354	SAC Health System	74.6%
Mentone	92359	SAC Health System	82.6%
Ontario	91761	Pomona CHC DBA Parktree CHC	41.0%
Redlands	92373	SAC Health System	65.4%
Redlands	92374	SAC Health System	68.2%
Rialto	92376	SAC Health System	38.8%
Rialto	92377	SAC Health System	43.9%
Running Springs	92382	SAC Health System	100.0%
San Bernardino	92401	Inland Behavioral & Health Services, Inc.	42.7%

San Bernardino	92404	SAC Health System	49.7%
San Bernardino	92405	SAC Health System	46.4%
San Bernardino	92407	SAC Health System	47.9%
San Bernardino	92408	SAC Health System	62.3%
San Bernardino	92410	SAC Health System	50.6%
San Bernardino	92411	SAC Health System	48.6%
Victorville	92392	San Bernardino County Public Health Dept.	31.9%
Victorville	92394	San Bernardino County Public Health Dept.	30.7%
Victorville	92395	San Bernardino County Public Health Dept.	41.4%
Yucaipa	92399	SAC Health System	56.8%

Source: Health Center Program GeoCare Navigator, 2024, 2017-2021 population numbers. https://geocarenavigator.hrsa.gov/

In addition to St. Bernardine Medical Center, the service area hosts the following 12 hospitals and may be served by them: Community Hospital of San Bernardino, Ballard Rehabilitation Hospital, Redlands Community Hospital, Kaiser Foundation Hospital – Fontana, Victor Valley Global Medical Center, Totally Kids Rehabilitation Hospital, Jerry Pettis Memorial Veterans Hospital, Desert Valley Hospital, U.S. Air Force Hospital, Arrowhead Regional Medical Center, Loma Linda University Behavioral Medical Center, and Loma Linda University Medical Center & Children's Hospital.

Dental Care

Oral health is essential to a person's overall health and well-being. In San Bernardino County, 5.8% of children and 30% of adults lack dental insurance.

Dental Insurance

	San Bernardino County	California
Children without dental insurance	5.8%	6.7%
Adults without dental insurance	30.0%	29.2%

*Source: California Health Interview Survey, 2020-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

In San Bernardino County, 18.9% of children, ages 3 to 11, have never been to a dentist, and 61.9% have been in the past six months. In the past year, 6.8% of area children needed dental care and did not receive it because a parent could not afford it. County children appear to have less access to dental care than the state average.

Dental Care Utilization, Children, 3-11

	San Bernardino County	California
Never been to the dentist	18.9%	15.1%
Visited dentist < 6 months ago	61.9%	67.1%
Visited dentist > 6 months to 1 year ago	14.5%	12.1%
Visited dentist > 1 to 2 years ago	4.1%	4.2%
Visited dentist > 2 to 5 years ago	*0.7%	1.1%

Visited dentist more than 5 years ago	**	0.3%
Parent could not afford needed dental care for child†	6.8%	6.3%

*Source: California Health Interview Survey, 2017-2022 pooled. †Data year 2020-2022, pooled. ** Suppressed due to small sample size. https://healthpolicy.ucla.edu/our-work/askchis/*

Among county teens, 69% were reported to have seen a dentist in the prior six months. This rate is lower than the state rate.

Dental Care Utilization, Teens, Ages 12-17

	San Bernardino County	California
Never been to the dentist	**	0.7%
Visited dentist < 6 months ago	69.0%	74.0%
Visited dentist > 6 months to 1 year ago	20.3%	15.1%
Visited dentist > 1 to 2 years ago	5.1%	6.1%
Visited dentist > 2 to 5 years ago	3.6%	2.7%
Visited dentist more than 5 years ago	**	1.4%

*Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size. ** Suppressed due to small sample size. https://healthpolicy.ucla.edu/our-work/askchis/*

30.5% of county adults described the condition of their teeth as 'fair' or 'poor', while 3.1% had no natural teeth left. 9.8% had not been to a dentist in at least five years. County adults appear to have less dental care access than the state average.

Dental Care Utilization and Condition of Teeth, Adults

	San Bernardino County	California
Condition of teeth: good to excellent	66.4%	71.7%
Condition of teeth: fair to poor	30.5%	26.2%
Condition of teeth: has no natural teeth	3.1%	2.1%
Never been to a dentist	2.1%	2.3%
Visited dentist < 6 months to two years	76.4%	80.1%
Visited dentist more than 5 years ago	9.8%	7.3%

*Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

The ratio of residents to dentists in San Bernardino County is 1,299:1, which is fewer dentists per capita than the state rate (1,076:1).

Dentists, Number and Ratio

	San Bernardino County	California
Number of dentists	1,689	36,261
Ratio of population to dentists	1,299:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. http://www.countyhealthrankings.org

Access to Care Community Input

From Interviews

- It's exciting to see that there are more FQHCS and clinics, but access to primary care and preventive services in a timely manner is still an issue.
- There's been growth with CalAIM Enhanced Care Management and Community Supports.
- Our experience is that clients can make next day virtual doctor appointments, and get the information they need. When clients have to wait for a long time for in-person visits, their health declines.
- With minimum wage you do not qualify for Medi-cal. Without work, there is a struggle to pay bills. People are deciding between working and insurance.
- People are afraid of going to the FQHCs. Expanded insurance may have been a good idea, but it has resulted in databases full of sensitive information.
- We have massive transportation issues, access to care issues and trust issues that create barriers. This is especially true for rural communities.
- Single working parents can't get in for themselves and their children to make an appointment because they can't take the time off work, or they have to travel long distances. Offering weekend appointments, evening appointments, expanding telehealth appointments are good strategies.
- Community health workers should look like and talk like the populations they're serving.
- If you are unhoused, you don't want to leave your personal belongings at the camp because somebody's going to take them.
- Insurance programs have high deductibles and high premiums.
- Identifying influencers in the community will help to push information out, whether that is faith-based organizations, nonprofits, key stakeholders, partners, schools, all our community partners.

And from Focus Groups: Healthcare access issues include affordability, care coordination, lack of transportation and lack of language access.

- Affordability was a recurring theme, as one participant expressed, *"A person would rather just ride it out and hope it gets better than have to pay the cost of what it takes to get better."* The lack of preventative care awareness also contributed to late diagnoses, with one individual observing, *"People don't realize they're sick until it's too late."*
- Language barriers further compounded these challenges, such as the shortage of Spanish-speaking healthcare staff. One participant shared, *"There's a lack of representation when it comes to Spanish-speaking healthcare staff… patients come in and the nurses and staff can't communicate with them."*
- Lack of transportation emerged as a major obstacle, with participants noting that, *"Sometimes just getting access and getting to a doctor's appointment is drama."*

Birth Characteristics

Births

From 2018 to 2022, there were, on average, 16,541 births per year in the service area.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 5.1% of total births (51.2 per 1,000 live births). This rate is higher than county and state rates.

Births to Teen Mothers, Ages 15 to 19, Rate per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Births to teen mothers	847	51.2	42.5	33.0

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

The rate of births among females, ages 15 to 19, in the service area is 17.6 births per 1,000 teen girls, while for the county it is 15.1 births. In California the rate is 11.2 births per 1,000 teen girls, ages 15 to 19. The Healthy People 2030 goal is for no more than 31.4 pregnancies per 1,000 girls aged 15 to 19, which the service area does meet.

Fertility Rate in Teenage Mothers, Ages 15-19, per 1,000 Females Ages 15 to 19

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Births to teen mothers	847	17.6	15.1	11.2

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 152.9 per 1,000 live births. This rate of late entry into prenatal care translates to 15.3% of women entering prenatal care late or not at all, while 84.7% of women entered prenatal care on time. The Healthy People 2030 objective has changed to 80.5% of pregnant women receiving 'early and adequate' prenatal care, which in addition to timing of entry, contains the added criteria of attending at least 80% of recommended prenatal visits, and so is not a comparable measure for these data.

Late Entry to Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	2,529	152.9	157.2	140.8

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 8.2% (82.3 per 1,000 live births), which is worse than the county (80.1) and state (71.4) rates.

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Low birth weight	1,362	82.3	80.1	71.4

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 573.2 births per 1,000 live births, which is higher than the San Bernardino County (434.3 per 1,000 live births) and state (370 births per 1,000 live births) rates of births paid by public insurance or self-pay.

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate

Public insurance or self-pay	9,480	573.2	434.3	370.0

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Preterm Births

The rate of premature birth in the service area, occurring before the start of the 38th week of gestation, is 10.2% (102.4 per 1,000 live births). This rate of premature birth is higher than the San Bernardino County rate (9.9%) and the state rate of premature births (8.9%).

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Premature births	1,694	102.4	98.5	89.4

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 1.5% (14.6 per 1,000 live births), which was similar to the San Bernardino County rate (1.5%), but higher than the state rate (1.0%).

Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Mothers who smoked	241	14.6	15.1	9.9

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Infant Mortality

For the purposes of this table, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in the service area, from 2018 to 2022, was 5.5 deaths per 1,000 live births. This is higher than the county (5.4 deaths per 1,000 live births) and state (4.1 deaths) averages and does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, Five-Year Average

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate

Infant mortality	**91**	**5.5**	5.4	4.1

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Although infant mortality rates for all mothers (for whom data is available) are higher at the county level than the state, there are differences when looked at by the race and ethnicity of the mother. Due to changes in the U.S. CDC's reporting of Hispanic ethnicity, the number of births in San Bernardino County is insufficient to allow for analysis utilizing ethnicity. Irrespective of ethnicity, infant mortality is highest in the county (10.7 deaths per 1,000 live births) for births to Black or African American mothers. This is nearly three times the rate of infant mortality to Asian mothers in the county (3.71 deaths per 1,000).

Infant Mortality, per 1,000 Live Births, 5-Year Average, by Mother's Race

	San Bernardino County	California
Black or African American	10.70	8.35
Native Hawaiian or Other Pacific Islander	**	6.56
American Indian or Alaska Native	**	6.02
More than one race	7.46	4.70
White	5.16	3.96
Asian	3.71	3.14
Total	**5.66**	**4.13**

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2017-2021, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html *Unreliable due to small sample size. **Suppressed due to reliability and privacy issues related to small sample size.*

Maternal Mortality and Morbidity

The pregnancy-related mortality ratio is defined as deaths while pregnant or within one year of the end of pregnancy, from causes related to or aggravated by pregnancy or its management. Pregnancy-related mortality does not include deaths from suicide, homicide, drug overdose or most other injuries. From 2017 to 2021, there were 19 pregnancy-related deaths in San Bernardino County, for a rate of 13.5 maternal deaths per 100,000 live births.

Pregnancy-Related Mortality Rate, per 100,000 Live Births, 5-Year Average, 2017-2021

	San Bernardino County		California	
	Number	**Rate**	**Number**	**Rate**
Maternal mortality	19	13.5	361	16.3

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Pregnancy-Related Mortality Dashboard, 2017-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

There are differences in pregnancy-related mortality and morbidity rates when looked at by race and ethnicity. The highest mortality rate in the state was for Black mothers (49.7 deaths per 100,000 live births), followed by multiracial mothers (31.7 deaths), and the lowest rate was for White mothers (14 deaths per 100,000 live births). Rates of severe maternal morbidity in San Bernardino County are highest among Asian or Pacific Islander mothers (192.4 per 10,000 live

births), followed by Black mothers (185.8 per 10,000 live births), and Latina/x mothers (174.6 per 10,000 live births). The lowest rate of maternal morbidity (119.5 per 10,000 live births) was among White mothers. Severe maternal morbidity includes unexpected and potentially life-threatening complications from labor and delivery that result in significant health consequences. The Healthy People 2030 target for severe maternal morbidity is a maximum of 64.4 incidents per 10,000 births. San Bernardino County rates are higher than state rates for mothers of all races and ethnicities, and the target was not met in the county for any listed group.

Pregnancy-Related Mortality, CA, per 100,000 Live Births, 3-Yr Avg, by Race & Ethnicity

	California
Black	49.7
Multiracial	31.7
Hispanic	17.7
Asian	14.4
White	14.0
Total	**17.6**

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Pregnancy-Related Mortality Dashboard, 2019-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

Severe Maternal Morbidity, per 10,000 Live Births, 3-Yr Avg, by Race and Ethnicity

	San Bernardino County		California	
	Number	**Rate**	**Number**	**Rate**
Asian or Pacific Islander	193	192.4	2,063	124.3
Black	106	185.8	1,121	174.5
American Indian or Alaska Native	**	**	35	107.4
Latina/x	238	174.6	5,967	105.3
White	210	119.5	3,027	90.3
Total	**925**	**123.6**	**13,081**	**108.0**

*Source: California Dept. of Public Health, Maternal, Child & Adolescent Health Division, Severe Maternal Morbidity Dashboard, 2020-2022. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx **Suppressed due privacy and/or statistical instability concerns.*

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at St. Bernardine Medical Center indicated 86% of new mothers used some breastfeeding, which was lower than the county (90.4%) and state (93.9%) rates. 54% of new mothers at St. Bernardine Medical Center used breastfeeding exclusively, which was again lower than the county (62.4%) and state (68.8%) rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Bernardine Medical Center	842	86.0%	529	54.0%
San Bernardino County	19,110	90.4%	13,208	62.4%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at The St. Bernardine Medical Center. 87.7% of Latina or Hispanic mothers and 84.8% of Black or African American mothers initiated breastfeeding. The lowest rate of any breastfeeding was by Asian mothers, only 68.8% of whom initiated breastfeeding. 55.7% of Latina or Hispanic mothers and 54.7% of White mothers breastfed exclusively. While rates of exclusive breastfeeding were suppressed for Asian and multiracial mothers who gave birth at the medical center, due to low numbers, of the remaining three groups Black or African American mothers had the lowest percentage who breastfed exclusively (44.1%).

In-Hospital Breastfeeding, St. Bernardine Medical Center, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latina or Hispanic	661	87.7%	420	55.7%
White	66	76.7%	47	54.7%
Black or African American	50	84.8%	26	44.1%
Multiple Race	17	70.8%	**	**
Asian	11	68.8%	**	**
St. Bernardine Medical Center	**842**	**86.0%**	**529**	**54.0%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

Birth Indicators Community Input

- Our maternal and infant mortality rates, especially amongst African Americans and Native Americans in our county have decreased and are getting worse. We need to make this a priority.
- The challenge, particularly in the low desert, is they don't have enough physicians to get the members seen. It creates health disparities and poor health outcomes.
- We are hoping to do more education classes. We are finding that parents who have children on the autism spectrum and want support. We are working with our local Cal State University, but funding continues to be an issue.
- Teen pregnancy is an issue and there are no shelters or housing programs in San Bernardino County for young mothers.

- We work with moms to provide health navigation services and make sure they get to their well checks. One of the biggest issues is transportation. We provide it for them, but if they were on their own, it would be a barrier.
- For teens the issues include not understanding contraception and sexual health.

Mortality / Leading Causes of Death

Life Expectancy at Birth

Life expectancy in San Bernardino County is 76.1 years. 449 per 100,000 residents of San Bernardino County die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 8,917 years. By every metric, residents of San Bernardino County have a lower life-expectancy than do Californians in general.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	San Bernardino County	California
Life expectancy at birth in years	76.1	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	449	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	8,917	6,373

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from. 2019-2021. http://www.countyhealthrankings.org*

Differences in life expectancy, premature mortality, and years of potential life lost can be seen between residents of different races and ethnicities in San Bernardino County. Non-Hispanic Asian residents have the highest life expectancy (84.7 years), lowest premature mortality (206 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (3,955 years per 100,000 population). Hispanic county residents have a higher life expectancy, lower premature mortality, and fewer years of potential life lost than do non-Hispanic White residents. Non-Hispanic Native Hawaiian or Pacific Islander and Black or African American residents have the lowest life expectancies and the highest rates of premature death and YPLL in the county.

Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, and Premature Death/Years of Potential Life Lost, San Bernardino County, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, Non-Hispanic	84.7	206	3,955
Hispanic	77.5	406	8,135
White, Non-Hispanic	74.6	505	9,969
American Indian or Alaska Native, non-Hispanic	74.2	623	12,986
Black or African American, Non-Hispanic	70.9	687	14,797
Native Hawaiian or Pacific Islander, non-Hispanic	67.3	883	18,355

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 880.5 deaths per 100,000 persons, which is similar to the San Bernardino County rate (882.4) but substantially higher than the California rate (672.4 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

	Service Area		San Bernardino County	California
	Deaths	Rate	Rate	Rate
Mortality rate	9,527	880.5	882.4	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area are heart disease and cancer. The heart disease mortality rate in the service area is 192.6 deaths per 100,000 persons, which is lower than San Bernardino County (192.6 per 100,000 persons) and the state rate (142.1 per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease: 71.1 deaths per 100,000 persons. The service area rate is 103.8 deaths from ischemic heart disease per 100,000 residents, which is much higher than the state rate (82.9 per 100,000 persons) and the Healthy People objective.

The cancer death rate in the service area is 149 deaths per 100,000 persons, which is slightly lower than San Bernardino County (150.6 per 100,000 persons) and higher than the state rate (131.8 per 100,000 persons). The service area does not meet the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, COVID-19, unintentional injuries and stroke are in the top five causes of death in the service area. The rates many listed causes are higher in the service area than in San Bernardino County and the state. In addition to ischemic heart disease and cancer death objectives, the service area does not meet the Healthy People 2030 objectives for unintentional injury, stroke, liver disease, or homicide deaths.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022* Averaged

	Service Area		San Bernardino County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	2,003	192.6	198.0	142.1	No Objective
Ischemic heart disease	857	103.8	108.4	82.9	71.1
Cancer	1,638	149.0	150.6	131.8	122.7
COVID-19	1,581	143.3	123.7	68.5	No Objective
Unintentional injuries	600	48.7	49.1	43.1	43.2
Stroke	478	46.5	45.3	39.1	33.4
Diabetes	442	40.6	38.7	23.8	Not Comparable
Chronic Lower Respiratory Disease	428	41.7	46.0	27.9	Not Comparable
Alzheimer's disease	416	43.9	43.9	38.3	No Objective
Liver disease	232	19.5	18.9	13.9	10.9
Pneumonia and influenza	178	16.6	16.6	12.7	No Objective
Kidney disease	169	15.8	14.4	9.7	No Objective
Essential hypertension & hypertensive renal disease	156	14.8	15.4	13.4	No Objective
Homicide	120	9.5	7.9	5.5	5.5
Suicide	117	9.5	11.2	10.4	12.8
Parkinson's disease	71	7.4	8.2	9.0	No Objective
HIV	24	2.0	1.6	1.3	No Objective

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.
**Except for COVID-19, which is a 3-year average.*

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 103.8 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 46.5 deaths per 100,000 persons. These rates do not meet the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	857	103.8	108.4	82.9
Stroke death rate	478	46.5	45.3	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 149 deaths per 100,000 persons. This rate does not meet the Healthy People 2030 objective (122.7 per 100,000 persons).

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,638	149.0	150.6	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in San Bernardino County (150.4 deaths per 100,000 persons) is significantly higher than the all-site cancer mortality at the state level (134.1 deaths per 100,000 persons), as are lung and bronchus, prostate, female breast, colorectal, liver & intrahepatic bile duct, urinary bladder, kidney & renal pelvis, cervical, and esophageal cancer mortality.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	San Bernardino County	California
Cancer all sites	**150.4**	**134.1**
Lung and bronchus	27.2	24.3
Prostate (males)	25.2	20.1
Breast (female)	21.8	18.9
Colon and rectum	14.1	12.0
Pancreas	10.6	10.4
Liver and intrahepatic bile duct	8.7	7.6
Ovary (females)	6.7	6.4
Leukemia	5.9	5.5
Uterine (female)	5.7	5.3
Non-Hodgkin lymphoma	4.4	4.9
Urinary bladder	4.4	3.7
Brain and other nervous system	4.3	4.4
Kidney and renal pelvis	4.3	3.2

Stomach	4.1	3.8
Esophagus	3.4	2.9
Cervix uteri (female)	3.3	2.2

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

COVID-19

The age-adjusted death rate from COVID-19 in the service area from 2020 through 2022 was 143.3 deaths per 100,000 persons. This rate is higher than that of the county (123.7 deaths per 100,000 persons) and state (68.5 deaths per 100,000) rates.

COVID-19 Mortality Rate, Age-Adjusted, per 100,000 Persons, 2020-2022

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
COVID-19 death rate	1,581	143.3	123.7	68.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 48.7 deaths per 100,000 persons. This rate is slightly lower than the county rate (49.1 per 100,000 persons) but higher than the state (43.1 deaths per 100,000) and the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	600	48.7	49.1	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 40.6 deaths per 100,000 persons. This is higher than the San Bernardino County rate (38.7 per 100,000 persons) and the state rate (23.8 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Diabetes death rate	442	40.6	38.7	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 41.7 per 100,000 persons. This is lower than the county (46 per 100,000 persons) but higher than the state rate (27.9 deaths per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	428	41.7	46.0	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease in the service area is 43.9 deaths per 100,000 persons. This is equal to the San Bernardino County rate and higher than the state rate.

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	416	43.9	43.9	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 19.5 deaths per 100,000 persons. This is higher than the county (18.9 deaths per 100,000 persons) and state (13.9 deaths per 100,000 persons) rates, and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Liver disease death rate	232	19.5	18.9	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area is 16.6 deaths per 100,000 persons. This rate is equal to the county and higher than the state rate (12.7 deaths per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	178	16.6	16.6	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Kidney Disease

The service area's death rate from kidney disease is 15.8 deaths per 100,000 persons. This is higher than the county rate (14.4 per 100,000 persons) and the state rate (9.7 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	169	15.8	14.4	9.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Essential Hypertension and Hypertensive Renal Disease

The mortality rate in the service area from essential hypertension and hypertensive renal disease is 14.8 deaths per 100,000 persons. This death rate is lower than the county (15.4 per 100,000 persons) but higher than the state rate (13.4 deaths per 100,000 persons).

Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Essential hypertension & hypertensive renal disease	156	14.8	15.4	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 9.5 deaths per 100,000 persons. This rate is higher than the county (7.9 deaths per 100,000 persons) and state (5.5 deaths per 100,000) and does not meet the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Homicide	120	9.5	7.9	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 9.5 deaths per 100,000 persons. This death rate is lower than the county and state rates. It also meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Suicide	117	9.5	11.2	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Parkinson's Disease

The Parkinson's disease mortality rate in the service area is 7.4 deaths per 100,000 persons. This death rate is lower than the county and state rates.

Parkinson's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Parkinson's disease	71	7.4	8.2	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 2 deaths per 100,000 persons. This is higher than the San Bernardino County (1.6 deaths per 100,000 persons) and California (1.3 deaths per 100,000 persons) rates.

HIV/AIDS Mortality Rate, Age-Adjusted, per 100,000 Persons

	Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
HIV/AIDS	24	2.0	1.6	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, or from suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in San Bernardino County are generally somewhat lower than the statewide rate, though this was not true for 2020, when county rates more than doubled from 2019's rate.

Drug Overdose Death Rates, Age-Adjusted*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
San Bernardino County	7.0	5.3	6.0	4.9	9.1	12.5	11.4	23.4	25.5	23.5
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER.
*https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html *Except for 2021 and 2022, for which age-adjusting is not available at the county level; therefore 2021 & 2022 rates are crude rates.*

In 2023, the age-adjusted death rate from opioid overdoses in San Bernardino County was 19.8 deaths per 100,000 persons, which is lower than the state rate. The rate of opioid deaths has increased in San Bernardino County, rising 1,065% over the past seven years, compared to an increase of 316% for the state. The Healthy People 2030 objective is a maximum of 13.1 per 100,000 persons, which the county does not meet.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
San Bernardino County	1.7	2.7	4.8	6.1	13.0	16.1	17.4	19.8
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2025. https://skylab.cdph.ca.gov/ODdash/

When examined by demographics, opioid overdose deaths in San Bernardino County are more than three times as likely to occur in men (31.1 deaths per 100,000 men) as women (8.2 deaths per 100,000 women). The rate rises steeply starting with the 20- to 24-year-old demographic (16.7 deaths per 100,000) to the 40- to 44-year-old demographic (46.2 deaths per 100,000). In San Bernardino County, the annual deaths in age groups 70 and older are 5.1 deaths per 100,000 per year or fewer.

Rates of opioid overdose death are highest among Native American/Alaska Native residents of the county (45.5 deaths per 100,000), followed by White (32.5 per 100,000 persons) and Black or African American county residents (30.1 deaths per 100,000 persons).

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	31.1
Female	8.2
15 to 19 years old	8.6
20 to 24 years old	16.7
25 to 29 years old	25.0
30 to 34 years old	41.9
35 to 39 years old	42.0
40 to 44 years old	46.2
45 to 49 years old	23.6
50 to 54 years old	23.2
55 to 59 years old	28.2
60 to 64 years old	24.1
65 to 69 years old	16.1
70 to 74 years old	5.1
75 to 79 years old	1.9
80+ years old	0.0
Native American/Alaska Native	45.5
White	32.5
Black or African American	30.1
Hispanic or Latino	15.4
Asian or Pacific Islander	3.1
San Bernardino County	**19.8**

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2025; 2023 data. https://skylab.cdph.ca.gov/ODdash/

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At St. Bernardine Medical Center in 2023 the top five primary diagnoses resulting in hospitalization were circulatory system diagnoses, digestive system diagnoses, endocrine, nutritional and metabolic diseases and immunity disorders, genitourinary system diagnoses, and injuries and poisonings.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	St. Bernardine Medical Center
Circulatory system	20.5%
Digestive system	13.1%
Endocrine, nutritional, and metabolic diseases and immunity disorders	9.2%
Genitourinary system	7.1%
Injury and poisoning	7.1%
Respiratory system	6.9%
Infectious and parasitic diseases	6.8%
Complications of pregnancy, childbirth & postpartum period	6.5%
Certain conditions originating in perinatal period	5.9%
Nervous system and sense organs	4.1%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023.
https://data.chhs.ca.gov/dataset/

Emergency Room Rates by Diagnoses

The top four primary diagnoses seen in the Emergency Department at St. Bernardine Medical Center in 2023 were injuries/poisonings, circulatory system, respiratory system, and digestive system diagnoses.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes

	St. Bernardine Medical Center
Injury and poisoning	16.7%
Circulatory system	10.3%
Respiratory system	9.3%
Digestive system	8.4%
Musculoskeletal system & connective tissue	7.7%
Genitourinary system	7.1%
Nervous system and sense organs	4.5%
Skin and subcutaneous tissue	3.9%
Infectious and parasitic diseases	3.5%
Mental illness	3.2%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023.
https://data.chhs.ca.gov/dataset/

COVID-19 Incidence, Mortality, and Vaccination Rates

While COVID-19 cases and mortality data are no longer being tracked in the same manner as earlier in the Pandemic, in San Bernardino County as of December 19, 2023, there had been 729,819 confirmed cases of COVID-19. This was a higher rate of infection (329.1 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 8,470 county residents were confirmed to have died due to COVID-19 complications, for a rate of 3.82 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	San Bernardino County		California	
	Number	**Rate**	**Number**	**Rate**
Cases	729,819	329.1	11,557,751	288.0
Deaths	8,470	3.82	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state

The percentage of San Bernardino County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 58.2% of the county's population, as compared to 72.9% for the state. The CDC's updated vaccination recommendations, as of the creation of this dataset, include an updated 2023-2024 vaccine dose for everyone ages five and older. 7.9% of county residents are considered to be up-to-date with their COVID vaccinations, as compared to 15.1% statewide. All county rates of COVID-19 vaccination are lower than state rates.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up-to-Date*	
	San Bernardino County	**California**	**San Bernardino County**	**California**
Population, under 5	2.3%	8.0%	0.4%	4.1%
Population, ages 5-11	21.2%	37.2%	1.4%	6.1%
Population, ages 12-17	48.9%	67.1%	2.0%	7.1%
Population, ages 18-49	62.1%	78.6%	4.6%	10.1%
Population, ages 50-64	75.8%	83.3%	11.6%	18.7%
Population, ages 65+	85.2%	90.5%	27.0%	37.0%
Total Population	**58.2%**	**72.9%**	**7.9%**	**15.1%**

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through August 6th, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data & https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx*

In San Bernardino County, among the vaccine-eligible population, 85.5% of the population that identifies as Native Hawaiian or Pacific Islander and 68.2% who identify as Asian have completed the primary COVID-19 vaccination series. 57.3% of White residents, 50.8% of

American Indian/Alaska Native residents, 46.2% of Black residents, 43.3% of Latino residents, and 34% of multiracial residents have also completed their primary COVID-19 vaccination series. Uptake of the most-recent COVID-19 booster (the 2023-2024 COVID-19 vaccine, recommended by the CDC) has followed largely the same pattern, with the highest vaccination rates among Native Hawaiian or Pacific Islander and Asian residents and the lowest among multiracial and Latino residents of the county. Uptake among White residents, however, is lagging, as compared to their acceptance of primary series vaccination.

COVID-19 Vaccinations, Completed Primary Series and Up-to-Date, by Race and Ethnicity, San Bernardino County

	Primary Series	Up-to-Date*
Native Hawaiian or Pacific Islander	85.5%	13.6%
Asian	68.2%	10.8%
White	57.3%	9.0%
American Indian or Alaska Native	50.8%	9.9%
Black	46.2%	7.1%
Latino	43.3%	3.9%
Multiracial	34.0%	2.1%

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through August 6th, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data with population data from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx*

Poor Health

12.9% of adults in the service area reported 14 or more days of poor physical health in the previous month. This is higher than county (12.2%), and state rates (10%). Among area ZIP Codes, San Bernardino 92401 had the highest rate, with 19.7%, followed by San Bernardino 92411 (16.8%) and 92410 (16.4%).

Poor Physical Health, Adults, 14 or More Days in Past Month, 2021

	ZIP Code	Percent
Bloomington	92316	13.6%
Blue Jay	92317	N/A
Calimesa	92320	12.3%
Colton	92324	12.4%
Crestline	92325	12.0%
Fontana	92335	14.0%
Fontana	92336	10.2%
Fontana	92337	10.5%
Hesperia	92345	14.5%
Highland	92346	12.6%
Loma Linda University	92350	N/A
Loma Linda	92354	10.3%
Mentone	92359	10.7%
Ontario	91761	11.1%
Redlands	92373	9.5%

	ZIP Code	Percent
Redlands	92374	10.8%
Rialto	92376	13.4%
Rialto	92377	10.8%
Running Springs	92382	11.5%
San Bernardino	92401	19.7%
San Bernardino	92404	15.1%
San Bernardino	92405	15.7%
San Bernardino	92407	12.5%
San Bernardino	92408	14.5%
San Bernardino	92410	16.4%
San Bernardino	92411	16.8%
Victorville	92392	12.5%
Victorville	92394	13.6%
Victorville	92395	14.7%
Yucaipa	92399	11.8%
Service Area*		**12.9%**
San Bernardino County		**12.2%**
California		**10.0%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

Diabetes

11.6% of adults in the service area and 12.4% of San Bernardino County adults have been diagnosed with diabetes. Among area communities, Redlands 92373 had the lowest rate of diagnosed diabetes (8.8%) and San Bernardino ZIP Codes 92401 (18.2%) and 92411 (16.5%) had the highest rates of adults diagnosed with diabetes.

Diabetes, Adults

	ZIP Code	Percent
Bloomington	92316	12.0%
Blue Jay	92317	N/A
Calimesa	92320	11.6%
Colton	92324	11.5%
Crestline	92325	10.3%
Fontana	92335	12.1%
Fontana	92336	9.6%
Fontana	92337	9.6%
Hesperia	92345	12.5%
Highland	92346	11.8%
Loma Linda University	92350	N/A
Loma Linda	92354	10.9%
Mentone	92359	9.2%
Ontario	91761	10.1%
Redlands	92373	8.8%
Redlands	92374	9.8%
Rialto	92376	12.2%

	ZIP Code	Percent
Rialto	92377	10.5%
Running Springs	92382	9.9%
San Bernardino	92401	18.2%
San Bernardino	92404	13.5%
San Bernardino	92405	13.7%
San Bernardino	92407	10.5%
San Bernardino	92408	13.6%
San Bernardino	92410	14.5%
San Bernardino	92411	16.5%
Victorville	92392	11.2%
Victorville	92394	11.9%
Victorville	92395	13.3%
Yucaipa	92399	10.2%
Service Area*		**11.6%**
San Bernardino County		**12.4%**
California		**11.6%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

When queried by race and ethnicity, non-Latino Black or African American residents of San Bernardino County have the highest rate of diagnosed diabetes (18.1%), followed by non-Latino Asian (15%) residents. All groups for whom data is available have higher rates of diagnosed diabetes in the county than the state, with the possible exception of multiracial residents.

Diabetes by Race and Ethnicity, Adult

	San Bernardino County	California
Native Hawaiian or Pacific Islander (non-Latino)	**	18.7%
Black or African American (non-Latino)	18.1%	14.9%
Asian (non-Latino)	15.0%	10.7%
Latino	12.6%	12.1%
American Indian or Alaska Native (non-Latino)	**	11.6%
White (non-Latino)	12.3%	8.5%
Multiracial	*5.7%	6.3%
Total	**12.9%**	**10.5%**

*Source: California Health Interview Survey, 2018-2022, pooled. *Statistically unstable due to sample size. https://healthpolicy.ucla.edu/our-work/askchis/ ** = Suppressed due to instability.*

The Federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. By all four PQI measures, and the composite PQI, hospitalization rates for diabetes were higher in San Bernardino County than in California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	San Bernardino County	California
Diabetes short term complications	88.8	70.1
Diabetes long term complications	116.5	108.7
Lower-extremity amputation among patients with diabetes	36.6	34.4
Uncontrolled diabetes	35.3	31.9
Diabetes composite	**259.1**	**226.6**

Source: California Office of Statewide Health Planning & Development, 2022.

*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

2.8% of service area adults report being told by a health professional that they have heart disease. The lowest rate of diagnosed heart disease is in Fontana 92337 (3.4%) and the highest rate is in San Bernardino 92401 (7.7%) followed by Calimesa (7.4%). 2.8% of service area adults have been told by a health professional they have had a stroke. Rates of stroke in the service area ranged from 2.1% in both Fontana 92336 and 92337, to 3.9% in San Bernardino 92411 and 4.6% in 92401.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Bloomington	92316	4.8%	2.7%
Blue Jay	92317	N/A	N/A
Calimesa	92320	7.4%	3.8%
Colton	92324	4.5%	2.6%
Crestline	92325	5.7%	2.9%
Fontana	92335	4.7%	2.7%
Fontana	92336	3.5%	2.1%
Fontana	92337	3.4%	2.1%
Hesperia	92345	6.1%	3.3%
Highland	92346	5.4%	3.0%
Loma Linda University	92350	N/A	N/A
Loma Linda	92354	5.1%	2.8%
Mentone	92359	4.6%	2.4%
Ontario	91761	3.9%	2.3%
Redlands	92373	5.0%	2.6%
Redlands	92374	4.6%	2.5%
Rialto	92376	4.7%	2.9%
Rialto	92377	4.2%	2.6%
Running Springs	92382	5.4%	2.7%
San Bernardino	92401	7.7%	4.6%
San Bernardino	92404	6.1%	3.5%
San Bernardino	92405	5.6%	3.3%
San Bernardino	92407	4.3%	2.5%
San Bernardino	92408	5.2%	3.1%
San Bernardino	92410	5.6%	3.3%

	ZIP Code	Heart Disease	Stroke
San Bernardino	92411	6.3%	3.9%
Victorville	92392	4.8%	2.8%
Victorville	92394	4.6%	2.8%
Victorville	92395	6.7%	3.7%
Yucaipa	92399	5.7%	2.9%
Service Area*		**5.0%**	**2.8%**
San Bernardino County		**5.4%**	**2.9%**
California		**3.2%**	**2.7%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in San Bernardino County (402.2 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	San Bernardino County	California
Hospitalization rate due to heart failure	402.2	380.7

Source: California Office of Statewide Health Planning & Development, 2022.

*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

When viewed by race and ethnicity, non-Latino White residents in San Bernardino County have the highest rate of diagnosed heart disease (12.2%), followed by multiracial residents (11.3%). Latino residents have the lowest rate of diagnosed heart disease at both the county and state level (4.2%). While insufficient numbers of Native Hawaiian or Pacific Islander and American Indian or Alaska Native residents in the county were surveyed to allow for statistical validity, at the state level they also have high levels of diagnosed heart disease.

Heart Disease by Race and Ethnicity, Adult

	San Bernardino County	California
American Indian or Alaska Native (non-Latino)	N/A	13.0%
White (non-Latino)	12.2%	10.0%
Native Hawaiian or Pacific Islander (non-Latino)	N/A	9.0%
Multiracial	*11.3%	5.6%
Asian (non-Latino)	5.5%	5.5%
Black or African American (non-Latino)	5.4%	7.0%
Latino	4.2%	4.2%
Total	**7.1%**	**6.9%**

*Source: California Health Interview Survey, 2018-2022, pooled. *Statistically unstable due to sample size.*

*https://healthpolicy.ucla.edu/our-work/askchis/ ** = Suppressed due to instability.*

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure (28.7%) or high cholesterol (32.9%) were lower in the service area compared to county and – for high cholesterol – state rates. The highest rate of diagnosed high blood pressure was in San Bernardino 92401 (36.3%), followed by Calimesa (33.9%). The highest diagnosed rate of high cholesterol was in Calimesa (40%) followed by Running Springs (36.4%).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Bloomington	92316	27.1%	32.5%
Blue Jay	92317	N/A	N/A
Calimesa	92320	33.9%	40.0%
Colton	92324	26.9%	31.9%
Crestline	92325	31.6%	37.0%
Fontana	92335	26.9%	31.9%
Fontana	92336	24.9%	30.3%
Fontana	92337	24.0%	29.7%
Hesperia	92345	31.3%	35.2%
Highland	92346	30.5%	34.6%
Loma Linda University	92350	N/A	N/A
Loma Linda	92354	28.9%	34.4%
Mentone	92359	27.2%	33.0%
Ontario	91761	25.3%	31.3%
Redlands	92373	28.7%	35.0%
Redlands	92374	27.1%	33.0%
Rialto	92376	28.5%	32.0%
Rialto	92377	28.3%	32.0%
Running Springs	92382	30.8%	36.4%
San Bernardino	92401	36.3%	35.9%
San Bernardino	92404	32.2%	34.4%
San Bernardino	92405	31.2%	33.4%
San Bernardino	92407	26.5%	30.6%
San Bernardino	92408	30.1%	33.1%
San Bernardino	92410	30.4%	33.1%
San Bernardino	92411	33.1%	34.6%
Victorville	92392	28.7%	32.5%
Victorville	92394	29.8%	31.1%
Victorville	92395	33.1%	35.9%
Yucaipa	92399	30.4%	35.8%
Service Area*		**28.7%**	**32.9%**
San Bernardino County		**30.2%**	**34.9%**
California		**27.9%**	**33.8%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in San Bernardino County (62.9 hospitalizations per 100,000 persons, risk-adjusted) is higher than in the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	San Bernardino County	California
Hospitalization rate due to hypertension	62.9	51.3

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

When viewed by race and ethnicity, non-Latino Black or African American residents in San Bernardino County have the highest rate of diagnosed high blood pressure (46.6%), followed by non-Latino White (35.1%) residents. Latino residents of the county have the lowest diagnosed rate of high blood pressure (23.8%). All groups have higher rates of diagnosed high blood pressure at the county level than the statewide average. While insufficient numbers of Native Hawaiian or Pacific Islander and American Indian or Alaska Native residents in the county were surveyed to allow for statistical validity, at the state level they also have high levels of diagnosed high blood pressure.

High Blood Pressure by Race and Ethnicity, Adult

	San Bernardino County	California
Native Hawaiian or Pacific Islander (non-Latino)	N/A	39.5%
Black or African American (non-Latino)	46.6%	38.1%
American Indian or Alaska Native (non-Latino)	N/A	37.0%
White (non-Latino)	35.1%	29.1%
Multiracial	24.7%	21.6%
Asian (non-Latino)	24.4%	22.3%
Latino	23.8%	23.3%
Total	**29.4%**	**26.3%**

*Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/ N/A = Not Available due to statistical instability related to sample size.

Cancer Incidence

Cancer incidence rates are available at the county level from the California Cancer Registry. In San Bernardino County, the all-site cancer incidence rate (399.1 cancers diagnosed per 100,000 residents) is much the same as the state rate. However, six types of cancer listed have rates that significantly exceed state rates: prostate cancer (104.8 cancers diagnosed per 100,000 men), colorectal cancers (35.5 diagnosed per 100,000 persons), uterine cancers (35.5 diagnosed per 100,000 women), kidney and renal pelvis cancer (16.9 diagnosed per 100,000 persons), liver and intrahepatic bile duct cancers (10.5 diagnosed per 100,000 persons), and cervical cancers

(9.4 cancers diagnosed per 100,000 women).

The rate of female breast cancer incidence is significantly lower in the county (115.4 cancers diagnosed per 100,000 women) than the state. However, the mortality rate from female breast cancer in the county is significantly higher than the state's rate. County rates of non-Hodgkin lymphoma and melanoma of the skin diagnoses are also significantly lower than state incidence rates.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	San Bernardino County	California
All sites	**399.1**	**398.3**
Breast (female)	115.4	124.1
Prostate (males)	104.8	99.0
Lung and bronchus	37.7	36.8
Colon and rectum	35.5	33.5
Corpus uteri (females)	30.2	27.7
Melanoma of the skin	17.1	22.8
Kidney and renal pelvis	16.9	15.0
Non-Hodgkin lymphoma	15.9	17.7
Urinary bladder	15.4	15.4
Thyroid	12.3	12.4
Pancreas	12.2	12.4
Leukemia	11.8	12.3
Ovary (females)	10.7	10.6
Liver and intrahepatic bile duct	10.5	9.6
Cervix uteri (females)	9.4	7.3
Stomach	7.9	7.4
Brain & Other Nervous System	5.2	5.8
Esophagus	3.6	3.5

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Asthma

Reported rates of current adult asthma in the service area (10.3%) were higher than the state rate (8.8%). The ZIP Codes with the highest rates of asthma were San Bernardino 92401 (12.8%) and 92410 (11.5%). Loma Linda had the lowest rate of current adult asthma in the service area (9.2%).

Asthma Prevalence, Current, Adults

	ZIP Code	Percent
Bloomington	92316	10.3%
Blue Jay	92317	N/A
Calimesa	92320	9.3%
Colton	92324	10.0%

	ZIP Code	Percent
Crestline	92325	10.2%
Fontana	92335	10.4%
Fontana	92336	9.5%
Fontana	92337	9.5%
Hesperia	92345	10.7%
Highland	92346	10.2%
Loma Linda University	92350	N/A
Loma Linda	92354	9.2%
Mentone	92359	9.7%
Ontario	91761	9.6%
Redlands	92373	9.3%
Redlands	92374	9.9%
Rialto	92376	10.6%
Rialto	92377	9.8%
Running Springs	92382	10.1%
San Bernardino	92401	12.8%
San Bernardino	92404	11.2%
San Bernardino	92405	11.4%
San Bernardino	92407	10.7%
San Bernardino	92408	10.5%
San Bernardino	92410	11.5%
San Bernardino	92411	11.4%
Victorville	92392	10.5%
Victorville	92394	10.7%
Victorville	92395	11.0%
Yucaipa	92399	9.9%
Service Area*		**10.3%**
San Bernardino County		**9.6%**
California		**8.8%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

In San Bernardino County, according to the California Health Interview Survey (CHIS), 16.7% of the adult population and 10.9% of children had ever been diagnosed with asthma. 31.2% of the adult population with asthma had an asthma episode in the past year, and 42.8% take medication daily to control their symptoms. Among children with an asthma diagnosis, 28.3% had an asthma episode in the past year, and 25.6% of children take daily medication.

Asthma, Adults, and Children and Teens, Ages 1-17

	San Bernardino County	California
Ever diagnosed with asthma, adults	16.7%	16.4%
Has had an asthma episode/attack in past 12 months, adults	31.2%	29.3%
Takes daily medication to control asthma, adults	42.8%	45.4%
Ever diagnosed with asthma, ages 1-17	10.9%	11.9%

Has had an asthma episode/attack in past 12 months, ages 1-17	28.3%	27.1%
Takes daily medication to control asthma, ages 1-17	25.6%	38.1%

*Source: California Health Interview Survey, 2020-2022 https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

When viewed by race and ethnicity, non-Latino multiracial residents of the county have the highest rate of diagnosed asthma (31.9%), followed by non-Latino Black or African American (23.8%), then non-Latino White (15.5%) residents. Multiracial and Black or African American residents have higher rates of diagnosed asthma at the county level than the state, while all other racial and ethnic groups for whom data is available have lower rates. At the state level, American Indian or Alaska Native residents have a high level of diagnosed asthma.

Asthma, by Race and Ethnicity, All Ages

	San Bernardino County	California
Multiracial	31.9%	22.8%
American Indian or Alaska Native (non-Latino)	**	22.0%
Black or African American (non-Latino)	23.8%	19.6%
White (non-Latino)	15.5%	16.6%
Latino	12.1%	14.3%
Asian (non-Latino)	11.5%	11.6%
Native Hawaiian or Pacific Islander (non-Latino)	**	14.7%
Total	**14.5%**	**15.4%**

*Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size.*
*https://healthpolicy.ucla.edu/our-work/askchis/ ** = Suppressed due to statistical instability related to sample size.*

Please see the table below for Prevention Quality Indicators (PQIs) related to asthma. In 2022, the rate in San Bernardino County for COPD and asthma hospitalizations for adults over 40 was 157.1 hospitalizations per 100,000 persons, while the rate among young adults for asthma (ages 18 to 39) was only 25.2 hospitalizations per 100,000 persons, suggesting inadequate access to timely outpatient healthcare among that demographic.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	San Bernardino County	California
COPD or asthma in older adults, ages 40+	157.1	176.5
Asthma in younger adults, ages 18 to 39	25.2	18.0

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis (TB) rates in San Bernardino County rose in 2022, for the first time since 2019. The rate of TB was 2.6 cases per 100,000 persons, which was lower than the statewide rate of 4.7 TB cases per 100,000 persons.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2018		2019		2020		2021		2022	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
San Bernardino County	56	2.6	75	3.4	47	2.2	49	2.2	56	2.6
California	2,096	5.3	2,110	5.3	1,704	4.3	1,749	4.5	1,848	4.7

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2022.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. The rate of disability among each of the age groups (children, adults, and senior adults) is slightly higher in the service area when compared to the county level, with the exception of adults aged 18 to 64, where it is equal. Due to the overall younger age of the service area population (32.9 years), as compared with the county (33.9 years), the burden of disability is, in fact, higher within each service area age category than in the county or state.

Population with a Disability, Five-Year Average

	Service Area	San Bernardino County	California
Population with a disability	11.2%	11.4%	11.0%
Children with a disability	4.6%	4.4%	3.7%
Adults, ages 18 to 64, with a disability	9.4%	9.4%	8.3%
Senior adults with a disability	38.1%	37.0%	33.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Chronic Diseases Community Input

From Interviews

- Prevention is not a priority. People are coming into the EDs and their physician's office with late-stage chronic disease with comorbidities.
- San Bernardino County scores among the poorest performing counties in California, especially chronic respiratory disease, coronary heart disease and cancer.
- San Bernardino County is 20,000 square miles, most of which is very rural. We have communities in the high desert that are miles away from the nearest healthcare providers, preventive care or food resources other than the local liquor store or fast-food outlets.
- Older folks with limited English struggle with accessing prevention and management care.
- Those who are disabled with no transportation cannot leave their homes to get care.
- There are cultural and language barriers, along with fear. Sometimes people are afraid that they will be mis-translated and be incorrectly diagnosed.
- Diabetes, heart disease, hypertension and obesity are related to economic insecurity.

And from Focus Groups

- Chronic conditions such as diabetes, high blood pressure, and stress-related illnesses were noted, with one participant sharing, *"One of the biggest health conditions I've seen is high blood pressure. My dad doesn't really know much about what it means… he doesn't have too much education on exactly how it can affect him in the long term."*
- Stress and unhealthy eating habits were frequently mentioned, reinforcing the broader impact of economic and environmental factors on health.

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 38 puts San Bernardino County in the bottom half of California counties for healthy behaviors, down three places from its 2020 ranking of 35. *Source: County Health Rankings, 2023. http://www.countyhealthrankings.org*

Overweight and Obesity

In the service area, 39.2% of adults are obese. Rates of obesity in service area ZIP Codes ranged from 30.5% in Loma Linda to 47% in San Bernardino 92401 and 45% in 92411. The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older. The service area and 22 of the 28 area ZIP Codes for which data is available do not meet this objective.

Obesity, Adults, Aged 18 and Older

	ZIP Code	Percent
Bloomington	92316	40.5%
Blue Jay	92317	N/A
Calimesa	92320	33.5%
Colton	92324	39.2%
Crestline	92325	37.0%
Fontana	92335	41.5%
Fontana	92336	36.5%
Fontana	92337	37.6%
Hesperia	92345	40.7%
Highland	92346	37.9%
Loma Linda University	92350	N/A
Loma Linda	92354	30.5%
Mentone	92359	35.5%
Ontario	91761	37.3%
Redlands	92373	31.8%
Redlands	92374	34.6%
Rialto	92376	41.4%

	ZIP Code	Percent
Rialto	92377	38.3%
Running Springs	92382	36.6%
San Bernardino	92401	47.0%
San Bernardino	92404	42.1%
San Bernardino	92405	43.9%
San Bernardino	92407	39.3%
San Bernardino	92408	40.4%
San Bernardino	92410	44.3%
San Bernardino	92411	45.0%
Victorville	92392	39.4%
Victorville	92394	43.2%
Victorville	92395	39.8%
Yucaipa	92399	35.8%
Service Area*		**39.2%**
San Bernardino County		**38.1%**
California		**27.6%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates.*
Source: For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/

In San Bernardino County, 34.9% of adults, 22.2% of teens and 18% of children were overweight.

Overweight

	San Bernardino County	California
Adults, ages 20 and older	34.9%	35.6%
Teens, ages 12-17	22.2%	16.8%
Children, ages younger than 12	18.0%	14.9%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19. Adults (34.2%) do meet their Healthy People 2030 objective, according to CHIS data, while county teens (18%) do not.

Obesity

	San Bernardino County	California
Adults, ages 20 and older	34.2%	35.7%
Teens, ages 12-17	18.0%	17.9%

*Source: California Health Interview Survey, 2020-2022, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

When adult obesity levels are tracked over time, San Bernardino County has had an increase in obesity, with an additional 7.2% of the population reporting obesity in 2021 than in 2005. The rate of obesity in the county has remained higher than the state rate.

Obesity, Adults, Ages 20 and Older, 2005 - 2021

	2005	2009	2013	2017	2021	Change 2005-2021
San Bernardino County	28.1%	29.0%	37.1%	29.9%	35.3%	7.2%
California	21.6%	23.0%	25.1%	26.9%	28.7%	7.1%

Source: California Health Interview Survey, 2005-2021. https://healthpolicy.ucla.edu/our-work/askchis/

In San Bernardino County, 77.4% of Latino adults, 72.5% of non-Latino Black/African-American, 67.7% of non-Latino multiracial, 64.5% of non-Latino White, and 41.9% of non-Latino Asian adults are overweight or obese. The rates for all groups for whom rates are available are higher than state rates. While insufficient numbers of Native Hawaiian or Pacific Islander and American Indian or Alaska Native residents in the county were surveyed to allow for statistical validity, at the state level they also have high levels of overweight and obesity.

Overweight and Obesity, Adults, Ages 20 and Older, by Race and Ethnicity

	San Bernardino County	California
Native Hawaiian or Pacific Islander (non-Latino)	N/A	74.0%
Latino	77.4%	72.9%
Black or African American (non-Latino)	72.5%	72.1%
American Indian or Alaska Native (non-Latino)	N/A	71.6%
Multiracial (non-Latino)	*67.7%	59.8%
White (non-Latino)	64.5%	58.8%
Asian (non-Latino)	41.9%	40.8%
Total population	**69.6%**	**62.3%**

*Source: California Health Interview Survey, 2017-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size. N/A = suppressed due to small sample size*

Soda/Sugar-Sweetened Beverage (SSB) Consumption

Among county children and adolescents, ages 2-17, 26.1% drank one or more glasses or cans of non-diet soda the day before and 50.3% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before.

Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	San Bernardino County	California
Drank ≥1 SSB other than soda yesterday, 2-17	50.3%	48.5%
Drank ≥1 sugar-sweetened soda yesterday, 2-17†	26.1%	22.2%

*Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

Adequate Fruit and Vegetable Consumption

In San Bernardino County, 22.9% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). This rate is lower than the statewide

average (29.7%). The rate is higher for girls (32.1%) than for boys (15.3%), and higher among aged 15 to 17 (25.7%) than those 12 to 14 (20.5%).

60.1% of San Bernardino children and teens ate two or more servings of fruit the prior day. The rate is higher for girls than for boys, though the difference is less marked. Adequate fruit consumption dropped with age.

Five or More Servings Fruit/Vegetables Daily, Teens, Aged 12 to 17
At Least Two Servings of Fruit Daily, Children and Teens

	5+ Servings of Fruit/Vegetables	2+ Servings of Fruit
Male	15.3%	56.6%
Female	32.1%	62.8%
Child, ages 0 to 4	N/A	78.3%
Child, ages 5 to 11	N/A	66.5%
Teen, ages 12 to 14	20.5%	49.6%
Teen, ages 15 to 17	25.7%	44.0%
San Bernardino County	**22.9%**	**60.1%**
California	**29.7%**	**69.8%**

Source: California Health Interview Survey, 2019-2020, pooled. https://healthpolicy.ucla.edu/our-work/askchis/ N/A = Not asked.

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 27.2% of service area adults had not engaged in any leisure-time physical activity, which is a higher rate of being sedentary / no physical activity outside of work than seen at the county (26%) or state (20.1%) level.

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	ZIP Code	Percent
Bloomington	92316	29.8%
Blue Jay	92317	N/A
Calimesa	92320	20.1%
Colton	92324	27.5%
Crestline	92325	19.6%
Fontana	92335	31.4%
Fontana	92336	22.7%
Fontana	92337	24.1%
Hesperia	92345	28.7%
Highland	92346	25.3%

	ZIP Code	Percent
Loma Linda University	92350	N/A
Loma Linda	92354	23.0%
Mentone	92359	20.2%
Ontario	91761	24.3%
Redlands	92373	17.6%
Redlands	92374	21.7%
Rialto	92376	29.8%
Rialto	92377	22.7%
Running Springs	92382	18.7%
San Bernardino	92401	41.3%
San Bernardino	92404	31.6%
San Bernardino	92405	32.9%
San Bernardino	92407	26.6%
San Bernardino	92408	32.4%
San Bernardino	92410	36.2%
San Bernardino	92411	37.3%
Victorville	92392	25.8%
Victorville	92394	29.1%
Victorville	92395	29.1%
Yucaipa	92399	21.4%
Service Area*		**27.2%**
San Bernardino County		**26.0%**
California		**20.1%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates.*
Source: For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among county children ages two to 11, 27.2% spent five or more hours in sedentary activities on weekend days. Among county teens, ages 12-17, 46.6% spent five or more hours in sedentary activities on weekend days. County children are more sedentary than children statewide, while county teens appear to be less sedentary than state teens.

Sedentary Children and Teens, Weekend Days

	Children, Ages 2 to 11		Teens, Ages 12 to 17	
	San Bernardino County	California	San Bernardino County	California
2 to <3 hours	18.2%	24.9%	*16.4%	12.8%
3 to <5 hours	34.4%	31.3%	28.2%	25.6%
5 or more hours	27.2%	22.8%	46.6%	53.9%

*Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size.*
https://healthpolicy.ucla.edu/our-work/askchis/

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 86% of San Bernardino County residents are considered to live in close proximity to exercise opportunities, which is lower than the state rate (94%).

Adequate Access to Exercise Opportunities

	Percent
San Bernardino County	86%
California	94%

Source: County Health Rankings, 2024 ranking, utilizing 2020, 2022 and 2023 combined data. http://www.countyhealthrankings.org

Overweight and Obesity Community Input

From Interviews

- A lot of obesity is rooted in trauma in families. We're not addressing the core mental health issues that are impacting healthy eating and active living.
- We are excited about the Blue Zone program starting through Riverside University.
- A lot of our students are not meeting some of the state fitness standards. Some of the issues are with food insecurity and the quality of food they are eating.
- The diet of somebody who is unhoused tends to be very high in carbs, for example bread and things like sugary cereals. They are lacking high fiber, high protein foods.
- The rising rates of obesity correlate to the impact of economic challenge people face. Even when there are resources in the community, individuals cannot afford high quality organic fruits and vegetables.

And from Focus Groups

- Healthy food was constrained by financial and logistical barriers, as organic and fresh options were both expensive and scarce in San Bernardino.
- Affordability was a key barrier to accessing healthy food, with one participant explaining, "*Accessing healthy food is difficult, I get food stamps… by the end of the month, you have to scavenge whatever you can, and whatever's cheap.*" Participants were able to link the prevalence of food deserts and poor nutrition to the rise of diabetes and obesity rates, *"We are seeing an epidemic of diabetes and obesity… healthier options are not really available or tangible for a lot of families."*
- Busy lifestyles made it difficult for people to maintain healthy eating habits, as one person shared in Spanish, *"Por el trabajo y las rutinas es muy difícil llevar una dieta saludable."*

Sexually Transmitted Infections

In 2023, the rate of chlamydia in the county was 569.4 cases per 100,000 persons, down from 627.4 cases per 100,000 in 2019. The county rate of gonorrhea was 167.3 cases per 100,000 persons, down from 255 cases per 100,000 in 2021. The rate of primary and secondary syphilis for San Bernardino County was 14.5 cases per 100,000 persons, a decrease from 2021's rate, but still well above the 4.6 cases per 100,000 in 2014. The rate of early latent syphilis was 19 cases per 100,000 persons, a slight decline from 2021's rate, but a large increase from the 4 cases per 100,000 persons in 2014. Late or unknown-duration syphilis continued to climb, from 27.4 in 2017 to 65.9 cases per 100,000 persons in 2021, and 74.8 per 100,000 in 2023. Congenital syphilis is trending down in the county, from 276.3 in 2020, to 133.6 cases per 100,000 live births in 2023.

Statewide, rates of chlamydia are highest among young women, ages 20 to 24. Rates of gonorrhea and syphilis are highest among men, ages 25 to 34. Rates of all three STIs are highest in Black or African American residents of the state. Rates of congenital syphilis in the past five years, averaged, are highest among American Indian / Alaska Native women, followed by Black or African American women. Rates of chlamydia, late/unknown-duration syphilis, and congenital syphilis are higher in the county than the state.

STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	San Bernardino County				California	
	Cases		Rate		Rate	
	2021	2023	2021	2023	2021	2023
Chlamydia	12,468	12,360	570.9	569.4	486.6	489.7
Gonorrhea	5,569	3,631	255.0	167.3	231.4	189.7
Primary and secondary syphilis	470	314	21.5	14.5	22.4	16.3
Early latent syphilis	431	413	19.7	19.0	21.4	19.1
Late/unknown duration syphilis	1,429	1,624	65.4	74.8	34.6	46.5
Congenital syphilis by year of birth	56	33	195.8	133.6	121.5	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

HIV

The rate of new HIV cases in San Bernardino County was 13.1 per 100,000 persons in 2022, which is higher than the new-case rate statewide. 67% of persons in the county with diagnosed HIV are receiving care and 57.1% are virally suppressed. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage to care and viral suppression to 95% by 2025. Deaths among persons with HIV were up (4.5 deaths per 100,000 county residents) in 2022 as compared with 2019, both for the county and state.

HIV, per 100,000 Persons

	San Bernardino County		California	
	2019	2022	2019	2022
Number of newly diagnosed cases	303	291	4,560	4,882
Rate of new diagnoses	13.9	13.1	11.5	12.2
Number of persons living with HIV/AIDS	4,910	5,466	137,962	142,772
Rate of HIV	225.6	246.6	347.0	355.6
Percent in care	72.1%	67.0%	75.0%	73.7%
Percent virally suppressed	59.3%	57.1%	65.3%	64.7%
Deaths per 100k HIV+ persons	3.2	4.5	4.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2022.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Teen Sexual History

In San Bernardino County, 3.2% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they have had sex at least once.

Teen Sexual History, Ages 14 to 17

	San Bernardino County	California
Ever had sex	3.2%	10.8%
Ever had sex, male	*4.1%	9.8%
Ever had sex, female	*2.1%	11.7%

*Source: California Health Interview Survey, 2018-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Sexually Transmitted Infections Community Input

- Many of the people we work with are not comfortable going to their primary care provider for STIs.
- We have a lot of people with syphilis out in the field, but there's a shortage of penicillin, so we're not able to treat it, and a homeless person can’t get to the clinic to get treated.
- STIs continue to increase among young people. HIV is continuing to be problematic. Syphilis is increasing, especially among the congenital population, impacting women, black women specifically, and their infants.
- There is, in general, more openness to sexual activity education among younger people, especially about using protection and condoms consistently and effectively.
- People don't want to seek medical treatment because of embarrassment, lack of insurance, insufficient access to testing and lack of education. There are misconceptions about seeking help, risky behavior and how to protect yourself.

Mental Health

Adult Mental Health

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices. 14.8% of the county's population likely experienced psychological distress in the prior year. The rate was higher for county women (18%) than for men (11.3%), and women were about 50% more likely than men (12.5% vs. 8.1%) to have taken medication for at least two weeks of the past year for an emotional or personal problem. Rates of distress declined with age. Residents who identify as bisexual were most likely to have suffered serious psychological distress in the past year (51.6%), followed by gay/homosexual residents (19.3%). Heterosexual county residents reported the lowest levels of distress (12.9%) and medication for mental health (9.4%).

Non-Latino Black (13.1%) and White (13.2%) residents were the least likely to have reported psychological distress in the prior year, while Asian residents were the least likely to report taking medication for mental health issues (4.9%). While non-Hispanic White adults in the county were among the least likely report distress, they were the group second-most-likely to have taken medication for emotional or personal problems for at least two weeks of the past year (13.6%). Multiracial residents of the county were the most likely to report serious psychological distress (28.3%) and utilizing medication for mental health issues (17.4%).

Mental Health Indicators, Adults, by Demographics

	Serious Psychological Distress, Past Year	Took Medication for Mental Health, Past Year
Male	11.3%	8.1%
Female	18.0%	12.5%
18 to 24 years old	29.4%	9.4%
25 to 39 years old	21.0%	11.0%
40 to 64 years old	9.7%	9.7%
65 to 79 years old	7.4%	12.7%
80 years or older	*3.8%	*6.7%
Heterosexual	12.9%	9.4%
Gay, Lesbian/homosexual	19.3%	24.7%
Bisexual	51.6%	23.6%
Non-sexual/celibate none/other	15.4%	*13.9%
Multiracial	28.3%	17.4%
Latino	15.2%	9.4%
Asian (non-Latino)	14.0%	4.9%
White (non-Latino)	13.2%	13.6%
Black (non-Latino)	13.1%	8.0%
Total County Population	**14.8%**	**10.4%**

*Source: California Health Interview Survey, 2018-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress was 18.1% of adults, which is higher than the county (16.2%) or state (14.4%) rates. Service area ZIP Codes had estimated rates of frequent mental distress ranging from 14.2% in both Calimesa and Redlands 92373, to 23.9% in San Bernardino 92401. All ZIP Codes with rates of 20% or more were located in the City of San Bernardino.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Bloomington	92316	18.5%
Blue Jay	92317	N/A
Calimesa	92320	14.2%
Colton	92324	17.7%
Crestline	92325	16.4%
Fontana	92335	19.3%
Fontana	92336	16.1%
Fontana	92337	16.4%
Hesperia	92345	19.3%
Highland	92346	17.2%
Loma Linda University	92350	N/A
Loma Linda	92354	15.5%
Mentone	92359	16.3%
Ontario	91761	16.5%
Redlands	92373	14.2%
Redlands	92374	16.6%
Rialto	92376	18.7%
Rialto	92377	15.9%
Running Springs	92382	16.3%
San Bernardino	92401	23.9%
San Bernardino	92404	20.0%
San Bernardino	92405	20.8%
San Bernardino	92407	19.5%
San Bernardino	92408	19.9%
San Bernardino	92410	21.6%
San Bernardino	92411	20.6%
Victorville	92392	18.4%
Victorville	92394	19.8%
Victorville	92395	19.0%
Yucaipa	92399	16.3%
Service Area*		**18.1%**
San Bernardino County		**16.2%**
California		**14.4%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

In San Bernardino County, 17.4% of adults have been told they had a depressive disorder (depression, major depression, dysthymia) or minor depression. This rate is higher than the state rate of 16.5%.

Depressive Disorder, Adults

	San Bernardino County	California
Ever told they had a depressive disorder	17.4%	*16.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year.
https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Among adults in San Bernardino County, 20.7% said that there had been a time in the past 12 months when they thought they might need to see a professional because of emotional/mental health problems or alcohol/drug use. Of those who sought help in the past 12 months, 52.4% said that they were unable to receive treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment), which the county did not meet.

Mental Health Access and Utilization, Past Year, Adults

	San Bernardino County	California
Needed help for emotional/mental health problems and/or use of alcohol/drug issues	20.7%	23.7%
Sought help and received treatment	47.6%	55.4%
Sought help but did not receive treatment	52.4%	44.6%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

Among adults in San Bernardino County who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 28.2% visited a primary care physician only, while 24.6% visited a mental health professional only. 47.2% of those who had seen a professional had seen both. This was lower rate of seeing only a mental health professional than the state rate.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	San Bernardino County	California
Primary care physician only	28.2%	23.0%
Mental health professional only	24.6%	38.3%
Both	47.2%	38.7%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

Youth Mental Health

From 2020 through 2022, 28.5% of San Bernardino County teens had suffered serious psychological distress in the prior year, and 29.8% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. These rates are

slightly lower than the state averages. 19.3% of San Bernardino County teens received psychological or emotional counseling in the past year, which was slightly higher than the state rate (18.7%).

Mental Health Indicators, Past Year, Teens, Ages 12 to 17

	San Bernardino County	California
Likely had serious psychological distress	28.5%	31.1%
Needed help for emotional/mental health problems	29.8%	33.6%
Received psychological/emotional counseling	19.3%	18.7%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

In 2020, there were 2.8 hospitalization admissions due to mental health issues per 1,000 San Bernardino County residents, ages 5 to 14. Among youth, ages 15 to 19, there were 9.3 hospitalizations per 1,000 persons. These rates are higher than the state hospitalization rates due to mental health issues among those age groups. Rates fell in the county and state from 2019 to 2020, potentially from the influence of the COVID-19 Pandemic.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
San Bernardino County	3.6	2.8	10.2	9.3
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via http://www.kidsdata.org.

Suicidal Ideation

In San Bernardino County, 16.6% of adults indicated that they had seriously thought about committing suicide, which is similar to the state's level (16.7%).

Ever Seriously Thought About Committing Suicide, Adults

	San Bernardino County	California
Ever seriously thought about committing suicide	16.6%	16.7%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/

Suicidal ideation (ever) in San Bernardino County is slightly higher for men (15.6%) than women (14.7%) and is higher among residents who identify as bisexual (41.7%) than among those who identify as homosexual (27%) or heterosexual (13.7%). The rate of suicidal ideation is lowest among those earning 300% of the FPL or more and falls with age; it does not reliably correlate with levels of education. The highest rates are found among non-Latino multiracial (33.5%) and AIAN (28.3%) residents of the county, and the lowest rate among Latino (12.3%) and non-Latino Asian (14.9%) residents.

Suicidal Ideation, Adults, San Bernardino County, by Demographics

	San Bernardino County	California
Male	15.6%	14.6%
Female	14.7%	16.4%
Gay, lesbian, or homosexual	27.0%	29.2%
Bisexual	41.7%	46.8%
Heterosexual	13.7%	13.4%
Not sexual / celibate / none / other	13.1%	19.1%
18 to 24 years old	23.0%	26.1%
25 to 39 years old	19.7%	20.2%
40 to 64 years old	12.6%	12.8%
65 to 79 years old	9.3%	9.3%
80 or older	*6.5%	5.5%
0-99% FPL	16.6%	16.3%
100-199% FPL	18.9%	17.1%
200-299% FPL	18.1%	17.5%
300% or above FPL	11.6%	14.4%
Multiracial or Other Race, non-Latino	33.5%	26.8%
American Indian or Alaska Native, non-Latino	*28.3%	27.8%
Native Hawaiian or Pacific Islander, non-Latino	**	21.9%
Black or African American, non-Latino	18.1%	13.8%
White, non-Latino	17.5%	17.4%
Asian, non-Latino	14.9%	10.9%
Latino	12.3%	14.5%
Total	**15.1%**	**15.5%**

*Source: California Health Interview Survey, 2018-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis *Statistically unstable due to sample size. **Suppressed due to instability related to small sample size.*

Among teens in the service area responding to the most recent California Healthy Kids Surveys, 12% to 22% had seriously considered attempting suicide in the past 12 months. Cucamonga Elementary School District had the highest levels of suicide ideation for 7th graders (22%), followed by Mountain View Elementary School District (21%). Yucaipa-Calimesa Joint Unified School District showed 20% of responding 9th graders seriously considered suicide. Chino Valley Unified School District had the highest level of suicidal ideation among 11th graders (19%).

Seriously Considered Suicide, Teens

	7th Grade	9th Grade	11th Grade
Beaumont Unified School District	15%	13%	13%
Chino Valley Unified School District*	17%	18%	19%
Cucamonga Elementary School District*	22%	N/A	N/A
Mountain View Elementary School District	21%	N/A	N/A
Ontario/Montclair School District	16%	N/A	N/A
Rialto Unified School District	12%	14%	15%
Snowline Joint Unified School District	17%	18%	14%
Yucaipa-Calimesa Joint Unified School District*	14%	20%	17%

*Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and *2021-2022. https://data1.cde.ca.gov/dataquest/*

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In San Bernardino County, the ratio of residents to mental health providers is 337:1, which is higher than the state rate (222:1).

Mental Health Providers, Number and Ratio

	San Bernardino County	California
Number of mental health providers	6,504	175,563
Ratio of population to mental health providers	337:1	222:1

Source: County Health Rankings, 2024; data from 2023. http://www.countyhealthrankings.org

Online Mental Health Tools

Among adults and teens in the county, 6.7% sought help from a mobile app or texting service for mental health, emotions, or use of alcohol/drugs in the past 12 months. See table below.

Online Mental Health Utilization, Adults and Teens

	San Bernardino County	California
Sought help from an online tool	6.7%	7.7%
Connected with a mental health professional online in last 12 months	7.5%	8.2%
Connected online with people with similar mental health or alcohol/drug status	6.2%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis/.

Mental Health Community Input

From Interviews

- We need alternative sites, and crisis centers different from the ED unless there are other medical conditions.
- We need to have better architecture for our mental health system in the region.
- We have a predominately Latino population and when it comes to mental health services, there is still a stigma.
- Post Covid, kids are very disconnected. We see limited social skills and that's turning into behavioral issues at school and at home. We're seeing increased mental health challenges and bullying.
- Mental health treatment is kind of onerous and can take time and not everybody gets a diagnosis that allows coverage through CalAIM.
- Sometimes unhoused individuals are struggling because of either mental health or a drug induced medical or mental health issue. Their appointment gets pushed out months at a time and sometimes they don't have the ability to go whenever it's scheduled.

And from Focus Groups

- Misinformation on immigration is cited as a source of anxiety and stress. There is an overwhelming amount of information and misinformation, it's causing mental health issues because of the fear. The Inland Coalition for Immigration Justice is a trusted organization where the community gets a lot of information, the community works with them to validate anything they hear regarding ICE and immigration raids.
- Mental health was mentioned in every focus group, with discussions highlighting stigma and barriers to care. *"A lot of communities have a negative stigma against receiving any kind of mental health services,"* one participant stated, reflecting a broader reluctance to seek help. Economic insecurity further contributed to stress and anxiety.
- Stress and unhealthy eating habits were frequently mentioned, reinforcing the broader impact of economic and environmental factors on health.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In San Bernardino County, 7.9% of adults smoke cigarettes, which is higher than both the objective and the state rate. 74.3% of San Bernardino County residents never smoked. 62.6% of San Bernardino County adult smokers were thinking about quitting in the next 6 months. 21.6% of San Bernardino County adults, ages 18 to 65, had smoked an e-cigarette, and 6% had done so in the prior 30 days.

Smoking, Adults

	San Bernardino County	California
Current smoker	7.9%	6.1%
Former smoker	17.8%	19.7%
Never smoked	74.3%	74.3%
Thinking about quitting in the next 6 months	62.6%	64.7%
Ever smoked an e-cigarette, adults, ages 18-65)	21.6%	20.0%
Smoked an e-cigarette in the past 30 days	6.0%	5.0%

Source: California Health Interview Survey, 2020-2022. https://healthpolicy.ucla.edu/our-work/askchis/

Cigarette smoking in San Bernardino County is more common in men (10.5%) than women (7.9%), in residents who identify as gay/homosexual (10.5%) or bisexual (10.2%) than those who identify as heterosexual (9%), and the rate is highest among those aged 25 to 64, being less popular with younger adult residents and less common among those who live to be senior citizens. The rate of cigarette smoking does not correlate with the level of education, but does fall with increasing income. The highest rates among the groups for whom data is available are found among non-Latino Black or African American (11.8%) and non-Latino White (11.3%) residents of the county, and the lowest among non-Latino Asian residents (4.3%).

Cigarette Smoking, Adults, San Bernardino County, by Demographics

	San Bernardino County
Male	10.5%
Female	7.9%
Gay, lesbian, or homosexual	*10.5%
Bisexual	*10.2%
Heterosexual	9.0%
Not sexual / celibate / none / other	*5.9%
18 to 24 years old	4.0%
25 to 39 years old	10.1%
40 to 64 years old	10.9%
65 to 79 years old	8.6%

	San Bernardino County
80 or older	*3.1%
Black or African American, non-Latino	11.8%
White, non-Latino	11.3%
Latino	7.9%
Multiracial or Other Race, non-Latino	6.5%
Asian, non-Latino	4.3%
0 - 99% FPL	13.1%
100% - 199% FPL	12.3%
200% - 299% FPL	8.1%
300% or above FPL	6.8%
Total	**9.1%**

*Source: California Health Interview Survey, 2018-2022, pooled. https://healthpolicy.ucla.edu/our-work/askchis *Statistically unstable due to sample size.*

No surveyed San Bernardino County teen said that they were a current cigarette smoker, and only about 1.1% said that they had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	San Bernardino County	California
Current cigarette smoker	*0.0%	0.7%
Smoked an e-cigarette in the past 30 days	*1.1%	3.1%

Source: California Health Interview Survey, 2019-2022. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in the service area, 16% reported having engaged in binge drinking in the previous 30 days, which was higher than the county rate (15.4%)

Source: BRFSS 2021 data, via PolicyMap.

Among county residents, men are more likely to engage in binge drinking (21.3%) than women (18.1%). Rates are higher among gay/homosexual (41.8%) and bisexual (33.4%) residents than among heterosexual (18.8%). Rates are highest among adults aged 25 to 39 (28.1%), thereafter falling with age. Binge drinking is highest among those living in households earning 200 to 299% of the FPL and is most common among Latino county residents (24.6%). The Healthy People 2030 objective is for a maximum of 25.4% of adults to binge drink in the past month.

Binge Drinking, Adults, Previous Month, San Bernardino County, by Demographics

	Percent
Male	21.3%
Female	18.1%

	Percent
Heterosexual	18.8%
Gay, lesbian or homosexual	41.8%
Bisexual	33.4%
Not sexual/celibate/none/other	*3.5%
18 to 24	20.8%
25 to 39	28.1%
40 to 64	20.5%
65 to 79	5.9%
80 or older	*1.3%
0-99% FPL	11.2%
100-199% FPL	18.2%
200-299% FPL	25.2%
300% or above FPL	21.1%
Latino	24.6%
White (non-Latino)	15.9%
Black/African-American	15.4%
Multiracial	15.0%
Asian	5.7%
San Bernardino County	**19.7%**
California	**18.5%**

*Source: California Health Interview Survey, 2020-2021 pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

22.7% of San Bernardino County teens have tried alcohol, which is similar to the state rate (22.3%). County teens are slightly more likely to have engaged in binge drinking, with 5% binge drinking in the past month, compared to 4.4% statewide.

Teen Binge Drinking and Alcohol Experience

	San Bernardino County	California
Binge drinking, past month	*5.0%	4.4%
Ever had an alcoholic drink	22.7%	22.3%

*Source: California Health Interview Survey, 2019-2022 pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 13.9% of adults in San Bernardino County have used marijuana in the previous month, and an additional 6.4% have used it in the past year, but not the past month. These rates of adult marijuana use are lower than state rates.

Marijuana Use, Adults

	San Bernardino County	California
Used marijuana within the past month	13.9%	17.0%
Used marijuana within the past year but not within the past month	6.4%	8.1%

*Source: California Health Interview Survey, 2020-2022 pooled. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

9.5% of county teens said they had tried marijuana or hashish. Of those, 65.7%, meaning 6.2% of all county teens, had used it within the past month. The rate of teenage marijuana experimentation is lower than the state rate, while the rate of usage is about the same.

Marijuana Use, Teens

	San Bernardino County	California
Have tried marijuana or hashish	9.5%	12.4%
Used marijuana within the past month	*6.2%	6.0%

Source: California Health Interview Survey, 2019-2022 pooled. https://healthpolicy.ucla.edu/our-work/askchis/

Opioid Use

The rate of hospitalizations due to opioid overdose in San Bernardino County (excluding heroin) was 18.1 per 100,000 persons in 2024. This was higher than the state rate (15 per 100,000 persons). Emergency Department visits due to opioid use other than heroin in San Bernardino County were 45.6 per 100,000 persons, which is below the state rate (58.7 per 100,000 persons). The rate of opioid prescriptions in San Bernardino County (399 prescriptions per 1,000 persons) was higher than in California (296 prescriptions per 1,000). Prescription rates dropped at county and state levels from 2015, when there were 739.5 prescriptions per 1,000 persons in San Bernardino County and 587.1 prescriptions per 1,000 California residents, to 2022, before rising slightly in 2023.

Opioid Use, Age-Adjusted, per 100,000 Persons (Prescriptions per 1,000 Persons)

	San Bernardino County	California
Hospitalization rate for opioid overdose (excludes heroin)	18.1	15.0
ER visits for opioid overdose (excludes heroin)	45.6	58.7
Opioid prescriptions, per 1,000 persons	399.0	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2025; data from 2023. https://skylab.cdph.ca.gov/ODdash/

Substance Use Disparities

In San Bernardino County, from 2018 to 2022, 9.1% of adults report being current smokers. The rate is higher among non-Latino Black or African American (11.8%) and White (11.3%) residents, and lower among Latino (7.9%), non-Latino multiracial (6.5%) and non-Latino Asian (4.3%) residents.

From 2018 to 2022, 12.4% of San Bernardino County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among county non-Latino White (13.8%) and Latino (12.3%) residents, and lowest among non-Latino Asian (7.3%) residents.

Binge drinking, as described above, was engaged in by 19.7% of adults in San Bernardino County during the prior month. The rates were highest among Latino (24.6%) residents, and lowest among non-Latino Asian (5.7%) residents.

Cigarette Smoking, Binge Drinking & Marijuana Use, Adults, by Race, Five-Year Average

	Current Smoker	Current Marijuana Use	Binge Drinking, Prior Month**
Black or African American, non-Latino	11.8%	10.9%	15.4%
White, non-Latino	11.3%	13.8%	15.9%
Latino	7.9%	12.3%	24.6%
Multiracial or Other Race, non-Latino	6.5%	*10.5%	15.0%
Asian, non-Latino	4.3%	7.3%	5.7%
San Bernardino County, all races	**9.1%**	**12.4%**	**19.7%**

*Source: California Health Interview Survey, 2018-2022, **2020-2021. https://healthpolicy.ucla.edu/our-work/askchis/ *Statistically unstable due to sample size.*

Substance Use and Misuse Community Input

- We have a very large homeless population challenge here in San Bernardino. Drug addiction is tied to mental health issues. There is a sense of hopelessness. It is also difficult to find and access affordable treatment. Once someone acknowledges they need help, they should be able to go and get help, not deal with obstacles.
- The process here in San Bernardino County to get somebody referred to a drug and alcohol facility is onerous and long. We've been told 6-12 weeks to get them approved and placed in an inpatient drug and alcohol treatment center. That's too long. Also, a lot of facilities won't take someone off opiates. We have seen more people in the past three years with opiate based dependencies.
- Addiction needs to be treated as a medical disease.
- Prop 1 passed earlier this year and it's transforming behavioral health services, across the spectrum, throughout California, with a high degree of emphasis on substance use, including getting fentanyl education out into the community and getting naloxone intervention devices out into the community. We are seeing massive increases in drug overdose.
- Long wait times for programs, limited capacity, high cost/affordability are barriers that stop people from seeking help.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 33.5% of San Bernardino County adults received a flu shot during the 2021 survey year.

Flu Vaccines

	San Bernardino County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A		60.1%
Received flu vaccine, ages 18 to 64 years	33.5%	40.5%	34.5%
Received flu vaccine, ages 65 and older			64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for California). N/A = Not Available. https://www.cdc.gov/flu/fluvaxview/interactive-general-population.htm

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten was 91.7% for San Bernardino County and ranged from 70.5% in Beaumont Unified School District to 97.4% in Ontario/Montclair School District. Beaumont Unified, Snowline Joint Unified and Cucamonga, Etiwanda, Victor and Adelanto Elementary School Districts had rates below both the county rate and the state rate of 93.8% of students fully immunized.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Immunization Rate
Adelanto Elementary School District	91.1%
Beaumont Unified School District	70.5%
Chino Valley Unified School District	97.1%
Colton Joint Unified School District	96.2%
Cucamonga Elementary School District	85.6%
Etiwanda Elementary School District	87.3%
Fontana Unified School District	96.4%
Hesperia Unified School District	94.9%
Mountain View Elementary School District	95.2%
Ontario/Montclair School District	97.4%
Redlands Unified School District	96.8%
Rialto Unified School District	96.1%
Rim of the World Unified School District	95.3%
San Bernardino City Unified School District	94.6%
Snowline Joint Unified School District	84.4%
Victor Elementary School District	90.4%
Yucaipa-Calimesa Joint Unified School District	97.0%
San Bernardino County	**91.7%**
California	**93.8%**

*Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to small sample size.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Cancer Screenings: Mammograms, Pap Smears, and Colorectal Screenings

For mammograms, the Healthy People 2030 objective is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 75.7% of women had obtained mammograms in the prior two years, which did not meet this goal.

For Pap smears, the Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. With 79.8% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, the service area does meet this objective.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 55% of service area residents, aged 50-75, met the colorectal cancer screening guidelines. The service area has a lower rate than the county (58.4%) and state (62.4%) and does not meet the Healthy People objective.

Mammogram in the Past Two Years, Women, Ages 50-74, Two-Year Average
Pap Test Past Three Years, Women, Ages 21-65
Screening for Colorectal Cancer, Adults, Ages 50-75

	ZIP Code	Mammograms	Pap Smears	Colorectal Cancer Screenings
Bloomington	92316	74.8%	79.0%	51.7%
Blue Jay	92317	N/A	N/A	N/A
Calimesa	92320	70.9%	83.2%	65.7%
Colton	92324	76.2%	79.6%	54.2%
Crestline	92325	75.7%	83.6%	60.9%
Fontana	92335	75.1%	78.2%	50.6%
Fontana	92336	77.1%	81.9%	56.6%
Fontana	92337	76.6%	81.6%	54.8%
Hesperia	92345	74.4%	79.4%	54.3%
Highland	92346	75.5%	80.8%	57.6%
Loma Linda University	92350	N/A	N/A	N/A
Loma Linda	92354	75.6%	76.2%	59.1%
Mentone	92359	75.6%	82.9%	59.5%
Ontario	91761	76.4%	81.2%	56.1%
Redlands	92373	76.7%	83.4%	64.8%
Redlands	92374	76.1%	81.0%	59.7%
Rialto	92376	76.0%	79.5%	53.8%
Rialto	92377	77.3%	83.3%	59.6%
Running Springs	92382	76.1%	84.2%	60.9%
San Bernardino	92401	72.8%	73.0%	48.0%
San Bernardino	92404	75.2%	78.0%	53.3%
San Bernardino	92405	75.6%	77.7%	50.4%
San Bernardino	92407	75.9%	78.8%	53.6%

	ZIP Code	Mammograms	Pap Smears	Colorectal Cancer Screenings
San Bernardino	92408	75.1%	74.9%	49.8%
San Bernardino	92410	74.9%	75.8%	48.0%
San Bernardino	92411	76.2%	76.5%	49.8%
Victorville	92392	75.5%	81.0%	55.9%
Victorville	92394	76.3%	79.5%	52.7%
Victorville	92395	74.4%	78.9%	56.3%
Yucaipa	92399	75.0%	83.0%	60.2%
Service Area*		**75.7%**	**79.8%**	**55.0%**
San Bernardino County		**72.3%**	**80.2%**	**58.4%**
California		**76.2%**	**79.3%**	**62.4%**

*Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2020 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

Preventative Practices Community Input

From Interviews

- With maternal child health, we need to support breastfeeding and adopt prevention guidelines and efforts from birth.
- Mobile screenings like mammography can fill a care gap and address health disparities.
- Of the families who have Medi-Cal in our county, about 40% of kids have annual checkups and 31% see a dentist yearly. The available Medi-Cal services are not being utilized.
- We see a lot of politicalization of immunization at schools. We see people get waivers or find alternative education options for their kids.
- We saw a tremendous jump in response when we started offering classes in the community in Spanish; and when we started communicating through social media.
- For low-income families, getting all the needed preventive care is an issue because you can't take off work or find childcare to get a blood test or go for a screening.
- I hear from community members who say they wish there was more information and education out there about cancer screenings.

And from Focus Groups

- The lack of preventative care awareness contributes to late diagnoses, with one individual observing, *"People don't realize they're sick until it's too late."*
- Events like health are useful opportunities for gaining reliable information.
- Community members expressed an interest in access to preventative and wellness programs, events, classes – especially mental health, cancer screenings, flu and HIV, along with proactive information-sharing, especially through social media and recorded educational videos, with one suggesting, *"Some people can't attend classes… making recorded videos and having them posted on their websites or social media… translated into Spanish, Filipino, and Vietnamese."*

Evaluation of Impact

St. Bernardine Medical Center developed and approved an Implementation Strategy to address health needs identified in the 2022 CHNA: Access to Care, Behavioral Health Services (Mental Health and Substance Use), Chronic Disease (including Overweight and Obesity), Housing Insecurity and Homelessness, Preventive Practices and Safety and Violence Prevention through a commitment of Community Benefit programs and charitable resources. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2022 CHNA.

***Access to* Care:** The hospital's initiatives to address access to care increased access and reduced barriers to health care for the medically underserved.

Strategy or Program	Summary Description
Financial Assistance	Provided financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.
Community Health Navigator	Assisted frequent users of the Emergency Department to find a medical home and provides connections to behavioral health service agencies.
Community Health Education	Addressed a variety of behavioral health care topics.
Baby & Family Center	Presented health care topics and local resources for new/expectant mothers and families including breast feeding support, child preparation classes and parenting classes.
Transitional Care Clinic	Assisted people to identify and secure a medical home and provides connections to local social service agencies.
Graduate Medical Education Program	Addressed the shortage of physicians in the Inland Empire in partnership with University of California Riverside School of Medicine.
Community Health Improvement Grants	Made grants to nonprofit community organizations that address access to care in the community.

***Behavioral Health Services (Mental Health and Substance Use)*:** The hospital's initiatives to address behavioral health increased access to mental health and substance use services in the community and improved screening and identification of mental health and substance use needs.

Strategy or Program	Summary Description
Behavioral Health Navigator Program (CA Bridge Program)	Supported the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilized trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.
Cultural Trauma and Mental Health Resiliency Project	This joint effort of the CommonSpirit hospitals working in partnership, along with San Bernardino's Making Hope Happen Foundation.

Strategy or Program	Summary Description
	Increased the capacity of local community organizations, community members and hospitals to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focused on children and youth of color living in underserved neighborhoods.
Community Health Navigator	Assisted frequent users of the Emergency Department to find a medical home and provides connections to behavioral health service agencies.
Community Health Education	Addressed a variety of behavioral health care topics.
Family Focus Center	Provided services and programs for at-risk youth, including training in Youth Mental Health First Aid for staff to aid in identifying youth appropriate for referral for treatment.
Community Health Improvement Grants	Made grants to nonprofit community organizations that provide mental health and substance use programs and services.

***Chronic Disease (including Overweight and Obesity)*:** The hospital's initiatives increased identification and treatment of chronic diseases, increased compliance with disease prevention recommendations (screenings and lifestyle/behavior changes) and improved healthy eating and active living.

Strategy or Program	Summary Description
Community Health Education	Provided community education on a variety of chronic disease-related health care topics, including: Chronic Disease Self-Management, and Diabetes Empowerment Education Program.
Baby & Family Center	Offered educational classes for pregnant women and their families on breastfeeding, nutrition and prevention of disease and disability. The Sweet Success program focuses on gestational diabetes.
Transitional Care Clinic	Hosted the Sweet Success program focused on gestational diabetes.
Support Groups	Assisted persons with chronic conditions, their families and caregivers, on improving their emotional well-being through mutual support, coping strategies, and psychoeducation.
Community Grants Program	Made grants to nonprofit community organizations that provide chronic disease-focused programs and services.

***Housing Insecurity and* Homelessness:** The hospital's initiatives improved health care delivery to persons experiencing homelessness and increased access to community-based services for persons experiencing homelessness.

Strategy or Program	Summary Description
Accelerating Investment for Healthy Communities	Participated in a national initiative designed to increase investments in the social determinants of health with an emphasis on affordable housing.
Community Health Navigator	Assisted persons experiencing homelessness who seek care in the ER. Provided connections to social service agencies.

Community Health Improvement Grants	Made grants to nonprofit community organizations that provide housing programs and services.

Preventive **Practices:** The hospital's initiatives increased access to preventive care services in the community, increased compliance with preventive care recommendations (screenings, vaccines, and lifestyle and behavior changes), and decreased spread of communicable diseases.

Strategy or Program	Summary Description
Vaccines	Provided free vaccines in the community.
Personal Protective Equipment (PPE)	Distributed PPE at local community events and to community partners.
Eye Clinic	A collaboration between St. Bernardine Medical Center, Lestonnac Free Clinic, and Western University of Health Sciences, provided free eye exams and glasses to the community on a monthly basis.
Community Health Education	Provided community education on a variety of preventive care topics.
Community Grants Program	Made grants to nonprofit community organizations that provide preventive care programs and services.

Safety and Violence **Prevention:** The hospital's initiatives increased access to programs in the community that focus on improved safety and reduced violence.

Strategy or Program	Summary Description
Family Focus Center	Provided services and programs for at-risk youth. Includes after school activities, career development, Late Night Hoops, Summer Camp, Drug & Violence Prevention and Health & Nutrition. The Bridges program supported young adults who have graduated high school but need assistance in navigating college, careers and housing.
Stepping Stones Program	Provided an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities. Allowed participants to spend time volunteering in the hospital, provides focus on education attainment and career opportunities as a means to stability.
Cultural Trauma and Mental Health Resiliency Project	This joint effort of the CommonSpirit hospitals working in partnership, along with San Bernardino's Making Hope Happen Foundation, increased the capacity of local community organizations, community members and hospitals to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focused on children and youth of color living in underserved neighborhoods.
Violence and Human Trafficking Prevention and Response Initiative	The Human Trafficking Response Task Force provided training to identify potential victims of sex and/or labor trafficking in the ED and other hospital units. Provided trauma-informed care and services to affected patients. Included preventive education, intervention assistance, warm referrals to community agencies and continued patient care and services.
Community Grants Program	Made grants to nonprofit community organizations that provide safety and violence prevention programs and services.

The Community Health Improvement Grant Program:

In addition to programs, initiatives and services, St. Bernardine Medical Center partnered with Community Hospital of San Bernardino to address community health needs by awarding grants to non-profit organizations working to improve health status and quality of life. Grant funds were used to deliver services, strengthen service systems, build capacity in the community and improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

The partnership has awarded grants totaling over $1 million.

Grants addressed Access to Care, Housing and Homelessness, Behavioral and Mental Health, Preventative Practices, Food Insecurity and Violence. Local grantees organizations included, but were not limited to

Family Assistance Program	Lutheran Social Services
Inland Harvest	Mary's Mercy Center
Legal Aid Society of San Bernardino	Rescue a Generation, Inc.
Lestonnac Free Clinic	Step Up

Attachment 1. Benchmark Comparisons

Healthy People 2030 identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. Where data were available, hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**84.1%** - 94.6%	90.7%
Child health insurance rate	95.6%	92.4%
Adult health insurance rate	**86.8%**	92.4%
Unable to obtain medical care	**7.4%**	5.9%
Ischemic heart disease deaths	**103.8**	71.1 per 100,000 persons
Cancer deaths	**149.0**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**14.1**	8.9 per 100,000 persons
Lung cancer deaths	**27.2**	25.1 per 100,000 persons
Female breast cancer deaths	**21.8**	15.3 per 100,000 persons
Prostate cancer deaths	**25.2**	16.9 per 100,000 persons
Stroke deaths	**46.5**	33.4 per 100,000 persons
Unintentional injury deaths	**48.7**	43.2 per 100,000 persons
Suicides	9.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**19.5**	10.9 per 100,000 persons
Homicides	**9.6**	5.5 per 100,000 persons
Drug-overdose deaths	**23.5 (crude rate)**	20.7 per 100,000 persons, age-adjusted
Overdose deaths involving opioids	**19.8**	13.1 per 100,000 persons
Infant death rate	**5.5**	5.0 per 1,000 live births
Adult obese, ages 20+	**39.2%**	36.0%, adults ages 20+
Teens obese, ages 12-17	**18.0%**	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	**47.6%**	68.8%
Adults engaging in binge drinking	16.0%	25.4% in past month
Cigarette smoking by adults	**7.9%**	6.1%
Pap smears, ages 21-65, screened in the past 3 years	79.8%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**75.7%**	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**55.0%**	68.3%
Annual adult influenza vaccination	**33.5%**	70.0%

Attachment 2. Community Stakeholder Interviews

Name	Title	Organization
Laura Acosta, MPH	Director of Community Partnerships & Engagement, Social Community Services	Inland Empire Health Plan
Dora Barilla, DrPH	President and Co-founder	HC2 Strategies
Niki Dettmann	Executive Director	Making Hope Happen Foundation
Darryl Evey	Chief Executive Officer	Family Assistance Program
Dan Flores, MPA	Executive Director	Mary's Mercy Center
Ed Gerber	Executive Director	Lestonnac Free Clinic
Ken Johnston	Division Chief of Strategic Integrity and Compliance Officer	San Bernardino County Department of Public Health
Daniel Munoz	Interim Inland Counties Emergency Medical Agency (ICEMA) Administrator	San Bernardino County
Pablo Ramirez, JD	Executive Director	Legal Aid Society of San Bernardino
Maria Razo	Executive Director	Housing Authority of the County of San Bernardino
Helen Tran	Mayor	City of San Bernardino

Attachment 3. Community Resources

Health Needs	Community Resources
Access to care	Lestonnac Free Clinic, Inland Empire Health Plan Foundation, San Bernardino Community Vital Signs Initiative, San Bernardino Free Clinic, 211sb.org, Center for Oral Health, San Bernardino County Public Health Department Clinic, Inland Empire Community Foundation, Making Hope Happen, Inland Action
Birth indicators	Diversity Uplifts, Inc., El Sol Neighborhood Educational Center, Inland Empire Father Involvement Coalition (IEFIC), Lestonnac Free Clinic, Making Hope Happen Foundation, Mary's Mercy Center, Maternal Health Network of San Bernardino County, Reach Out, San Bernardino County Department of Public Health, San Bernardino County Public Health Department Clinic, Zero to Three
Chronic diseases	Inland Empire Community Foundation, Lestonnac Free Clinic, San Bernardino Community Vital Signs Initiative, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic
Food Insecurity	Community Action Partnership, Congregations Organized for Prophetic Engagement (COPE), Family Assistance Program, Inland Action, Inland Empire Community Collaborative, Just San Bernardino Collaborative, Making Hope Happen Foundation, Mary's Mercy Center, Reach Out, Salvation Army, San Bernardino Diocese, The People's Plan for Economic Inclusion
Housing and homelessness	Catholic Charities, Community Action Partnership, Congregations Organized for Prophetic Engagement (COPE), Family Assistance Program, Housing Authority of the County of San Bernardino, Housing Choice Voucher Program Interagency Council on Homelessness, Legal Aid Society of San Bernardino, Lestonnac Free Clinic, Lighthouse Social Services Center Mary's Mercy Center, Salvation Army, San Bernardino County Homeless Partnership, San Bernardino Diocese, The People's Plan for Economic Inclusion, Youth Action Project
Mental health	Family Assistance Program, Lestonnac Free Clinic, Mary's Mercy Center, NAMI Inland Valley, San Bernardino Community Crisis Response Teams (CCRT), San Bernardino Community Vital Signs Initiative, San Bernardino Crisis Stabilization Unit (CSU), San Bernardino Crisis Walk in Centers, Young Visionaries Youth Leadership Academy
Overweight and obesity	Activate Riverside Blue Zones, Highlanders Boxing Club, Lestonnac Free Clinic, Music Changing Lives, Project Fighting Chance, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic
Preventive practices	Inland Empire Community Collaborative, Inland Empire Health Plan Foundation, Lestonnac Free Clinic, Making Hope Happen Foundation, Mary's Mercy Center, San Bernardino County Department of Public Health, San Bernardino County Public Health Department Clinic, San Bernardino County Vaccine Equity Work Group, San Bernardino Free Clinic
Sexually transmitted infections	Lestonnac Free Clinic, San Bernardino County Department of Public Health, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic, San Bernardino Wellness on Wheels STI Mobile Clinic
Substance use and Misuse	Cedar House Life Change Center, Family Assistance Program, Inland Empire Behavioral Health Collaborative, Inland Empire Harm Reduction, Inland Empire Opioid Crisis Coalition, Lestonnac Free Clinic, Maple House Women with Children, Mary's Mercy Center, Recovery Based Engagement and Support Team (RBEST), San Bernardino Community Vital Signs Initiative